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| **FORM/HR/009-6** |



**HUMAN RESOURCE**

**LEAVE APPLICATION FORM**

**Instructions**

***To be completed in triplicate and sent to the Deputy Vice Chancellor -AFP***

***For annual leave at least 14 days before leave commences)* PART I:** *(To be completed by applicant)*

Full Name: ………………………………… Designation: ………….…… PF.No…… ….......

School/Department/Section:…………………………………................................................... Number of days applied for …………….. From …………………… To …………………… Nature of Leave ……………………………………………………………………………….

Leave Address *(mandatory*)…………………………………….. Tel. No. ………………….. Signature ………………………………...…… Date …………………………………………

Please indicate the person to perform your duties while you are away.

…………………………………………………………………………………………………

**PART II:** *(To be completed by Supervisor)*

I do/do not recommend ………………………….....……… days leave (if not recommended give reasons).........………………………………………………………………………………

Signature ………………………………Date……………………………..………………

**PART III:** *(To be filled by officer in charge of personnel records)*

1. Annual Leave entitlement ....................................................................................................... days
2. Accumulated leave (with permission)...................................................................................... days
3. Leave taken during the year ..................................................................................................... days
4. Total number of days requested ............................................................................................... days
5. Balance ..................................................................................................................................... days
6. Applicant to resume duty ......................................................................................................... days
7. Payable leave traveling allowance Shs. ................................................................................... days
8. Remarks ................................................................................................................................... days
9. Information checked and certified correct/incorrect (if incorrect specify the error)

………………………………………………………………………………………………..

Name ……………………………Signature……………………Date:……………………

**(Officer-in-charge of Records)**

**PART IV:** Records officer: Bring up on ………………………… for resumption of duty

Signature ………………………………… Date ……………………………………………

**PART V:** Leave approved/not approved ……………………………Date …………………

**DVC– AFP**

***Rongo University is ISO 9001:2015 Certified*** 