



## **SOUTH EASTERN KENYA UNIVERSITY**

### **LEAVE APPLICATION FORM**

**NOTES:** Leave application forms must be submitted in triplicate and should reach the Personnel section at least 7 days prior to date of commencement of leave.

#### **PART 1 (A) (TO BE COMPLETED BY APPLICANT)**

NAME.....PF NO.....

DESIGNATION.....DEPARTMENT.....

NATURE OF LEAVE APPLIED FOR (Tick Appropriately)

*Annual/Contract/Maternity/ Paternity/Study/Sick/Sabbatical/Special-Leave/Emergency*

Number of days requested..... From..... To.....

Signature of Applicant..... Date.....

Leave Address.....Phone Contact .....

#### **PART II (B) {TO BE COMPLETED BY THE SECTIONAL HEAD}**

Necessary arrangements have been made to cover the officer for the days S/ He shall be away.

NAME..... SIGNATURE ..... DATE.....

#### **PART III (C) TO BE COMPLETED BY HEAD OF DEPARTMENT**

I recommend/do not recommend the leave as requested.

DEPARTMENT.....SIGNATURE..... DATE

#### **PART IV: (FOR OFFICIAL USE ONLY)**

Annual Leave Entitlement .....Days

Leave Taken so far During the Year/Contract Period ..... Days

Leave Accumulated with Prior Permission ..... Days

Total Leave Due .....Days

Leave Now Granted.....Days

Balance Due .....Days

**Entered/Checked By:**

Name.....Signature..... Date.

**Leave Approved/Not Approved**

**DIRECTOR (HRM)**