



LEAVE APPLICATION FORM NON ACADEMIC STAFF

*Leave application to be submitted to Manager/Director of Operations
at least a week prior to the leave period.*

| | | | |
|---------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|----------------------------------------------------|
| Name | | | |
| Department | | Date Submitted |/...../..... |
| Position | | | |
| Leave Type | Period of Leave | | |
| | From <i>(hours/days)</i> | To <i>(hours/days)</i> | Total Day of Leave <i>(hours/days)</i> |
| <input type="checkbox"/> Sick Leave | | | |
| <input type="checkbox"/> Maternity Leave | | | |
| <input type="checkbox"/> Early Departure* | | | |
| <input type="checkbox"/> Leave Without Pay* | | | |
| <input type="checkbox"/> Annual Leave* | | | |
| Substitute Name | | Signature | |
| Reason for Leave | | | |
| Other Leave | | | |
| <input type="checkbox"/> Marriage / Child's marriage | | | |
| <input type="checkbox"/> Child's circumcision / Baptism | | | |
| <input type="checkbox"/> New baby born(Male Employee) | | | |
| <input type="checkbox"/> Funeral of spouse / parents / relative who lives in the same house | | | |
| Signature/Approval | Employee | Supervisor / Manager | Director of Operations/ Executive Principal |
| | | | |

**Please fill in the reason for leave.*



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