

APPLICATION FOR LEAVE

Note: To be addressed to the Responsible Officer, Head of Department / Head of Division

To:

Thru:

Thru:

Name: Designation:

Department:

Leave applied for days. From to

Rate of Leave entitlement days p.m.

Leave address

Date

SIGNATURE OF THE OFFICER

SECTION II: To be completed by Head of Human Resource

COMPUTATION OF LEAVE

DAYS

Leave due in (year)
Less leave days taken
Balance

LEAVE AS COMPUTED ABOVE RECOMMENDED/APPROVED. This application is in accordance with the Leave Roster. Computation checked and leave recorded by

Date

HEAD OF HUMAN RESOURCE

SECTION III

To

Your application for leave fromto

is approved/not approved (Reasons for not approving must be given)

Signature of Responsible Officer

Date