

**AFRICA FLIGHT SERVICES**

**LEAVE APPLICATION FORM**

*(to be completed in duplicate)*

${block\_name}

|  |  |  |  |
| --- | --- | --- | --- |
| NAME **${staff}** | | Payroll number **${pno}** | |
| Designation: | | Department  **${department}** | |
| Date of employment  **${dateOfEmployment}** | Date annual leave is due  **${annualLeaveDate}** | | Total days due  **${leave\_days}** |
| Dates last leave taken – from ……..…to …**………** | | | No of days …….. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave details** | **No. of Days applied** | **Dates applied for** | **Date of reporting back** |
| **${leaveType}** | **${calculatedDays}** | From **${startDate}** To **${endDate}** | **${reportBack}** |

Leave balance carried forward---------------------------------days.

Leave contact- Tel No.………………Date………………….

Reason why leave is required *(e.g. annual leave, maternity, others e.t.c.)* : **${leaveType}**

Person (s) to relieve:….Designation: **${person1}**

………………………..Designation: **${person2}**

…………………… …Designation: **${person3}**

*(Hand over report to be made before proceeding on leave & a copy forwarded to HR manager)*

Comments by Head of Department…………….………………............................................................

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

Status: Approved By: **${manager1}**

HR & Admin Manager: - Date checked…….…………………………signature……..………………

Status: Approved/Not approved

Reasons for not approving…………..…………………………………………………………………..

Chairman’s comments……………………………………..…………………………………………….

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

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

*(Ensure you obtain a copy of approved leave application form from HR Office for your records) Appendix 5*

${/block\_name}