# Indicate as appropriate:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ANNUAL  LEAVE |  | COMPASSIONATE  LEAVE |  | EXAM  LEAVE | X | CASUAL  LEAVE |  | SICK  LEAVE |  | MATERNITY LEAVE |  | PATERNITY LEAVE |  |

***(Please note that staff applying for exam leave will be required to attach supporting documents such as exam schedule from the examination body)***

APPLICANT’S FULL NAME: DANIEL ADEBAYO OPEYEMI

STAFF NO: SESL-24-008

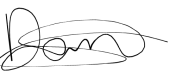
JOB TITLE: ADMINISTRATIVE ASSISTANT

DEPARTMENT: ADMINISTRATIVE

LEAVE BALANCE: 5DAY (NOV 13TH, 14TH, 26TH, 28TH AND29TH

NUMBER OF DAYS APPLYING FOR: 5DAYS

START DATE: 13TH OF NOV. END DATE: 29TH OF NOV.



APPLICANT’S SIGNATURE & DATE: 19TH OF SEPT. 2024

**CONFIRMATION OF LEAVE DAY(S)**

# LINE MANAGER’S APPROVAL – PRINT NAME, SIGNATURE & DATE

APPROVED BY

# HR/ADMIN MANAGER – PRINT NAME, SIGNATURE & DATE