



COCOA HEALTH AND EXTENSION DIVISION

Junior Staff Leave Form

(HEAD OFFICE)

DEPARTMENTS/UNIT COLUMN

Ref No.:.....

STAFF NO.		NAME	
DESIGNATION		DEPARTMENT/UNIT	
CONTACT ADDRESS & TELEPHONE NUMBER WHILE ON LEAVE			

CASUAL LEAVE		COMPASSIONATE LEAVE		PART LEAVE	
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FROM		TO		NO. OF WORKING DAY/S	
REASONS					
NAME/RANK OF PERSON TAKING OVER					

APPLICANT'S SIGNATURE..... DATE.....

SUPERVISOR'S NAME..... RECOMMENDED ☐ NOT RECOMMENDED ☐

SIGNATURE..... DATE.....

HUMAN RESOURCE (MANAGEMENT'S) COLUMN

LEAVE DETAILS		
ENTITLEMENT FOR THE YEAR		WORKING DAYS
NUMBER OF DAYS ALREADY TAKEN		WORKING DAYS
BALANCE FOR THE YEAR		WORKING DAYS
RESUMPTION DATE		

HUMAN RES. MANAGER'S REMARKS & SIGNATURE