



**COCOA HEALTH AND EXTENSION DIVISION**  
**Management & Senior 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	
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APPLICANT'S SIGNATURE..... DATE.....

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

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

**HUMAN RESOURCE (MANAGEMENT'S) COLUMN**

LEAVE DETAILS		
ENTITLEMENT FOR THE YEAR (Annual Leave & Outstanding)		WORKING DAYS
NUMBER OF DAY(S) ALREADY TAKEN		WORKING DAYS
NUMBER OF DAY(S) TO BE TAKEN		WORKING DAYS
BALANCE FOR THE YEAR		WORKING DAYS
RESUMPTION DATE		