

Date of Approval:

17-May-2017



EXCUSE DUTY FORM

2. Occupational Details										
Current Grade:	Junior Staff									
Department/Unit:		NUR	NURSING SERVICES							
Have you already taken your annual leave:			e taken all	Ha	ave take	n part Hav	ve taken none	V		
3. Type of Request (Indicate type of reques	t being made by	ticking)								
Medical: ☑ Family:		Educa	ation:	Other:						
Specify Other:										
For medical reasons kindly attach the excuse duty sheet duly endorsed by a practicing medical officer										
Start Date: 16-May-2017	End Date:	2	24-May-2017							
Signature of Applicant:						Date Applied:	16-May-2017			
4. Recommendation by Immediate Supe	ervisor									
Application Recommended:						Not Recommo	ended:			
Additional Comments:										
Name of Supervisor: Janet Osei Afral	komah	Date:	17-May-2017			Signature:				
5. HR Office Use Only										
Head HR										
Preliminary Decision: Eligible							Not Eligible	· 🗌		
Recommended: Yes:							Yes:			
Additional Comments (if Any):										
Date of Assessment: 17-May-2017						Signature:				
6. Approval by Head of Department										
Request Approved: Yes	ব						No:			
Additional Comments (if Any):										

Signature:_____

1. Personal Details										
Employee No.		AF	215102							
Surname: Am				eyaa Atuahene						
2. Occupational Details										
Current Grade:		Junior Staff								
Department/Unit:			NURS	SING SERVICE	S					
Have you already taken your annu	ual leave:		Have	taken all	Hav	e taker	n part Have	e taken none		
3. Type of Request (Indicate type	of request	being made by	icking)							
Medical:	Family:		Educa	tion:	Other:					
Specify Other:				<u> </u>						
For medical reasons kindly attach	the excuse	duty sheet duly	endorsed	d by a practicin	g medical of	fficer				
Start Date: 16-May-201	17	End Date:	24	4-May-2017						
Signature of Applicant:			_				Date Applied:	16-May-2017		
4. Recommendation by Immedia	ate Super	visor								
Application Recommended:	\square						Not Recomme	nded:		
Additional Comments:										
Name of Supervisor: Janet	Osei Afrak	omah	Date:	17-May-2017			Signature:			
			Duto.				Oignature			
5. HR Office Use Only Head HR										
	jible	\square						Not Eligible		
Recommended: Yes	S :							Yes:		
Additional Comments (if Any):										
Date of Assessment: 17-May-	-2017						Signature:			
6. Approval by Head of Departr	ment									
Request Approved: Yes	3	Image: Control of the						No:	Ш	
Additional Comments (if Any):										

Signature:____

Date of Approval:

17-May-2017

Other Name(s):									
Phone No.					Email:				
(Please use name as in official doo	cuments)								
2. Occupational Details									
Current Grade:		Junior Staff							
Department/Unit:			NURS	SING SERVICE	S				
Have you already taken your a	nnual leave:		Have taken all Have taken part Have taken none						
3. Type of Request (Indicate ty	pe of request	being made by	ticking)						
Medical:	Family:		Educa	ation:	Other:				
Specify Other:									
For medical reasons kindly attac	ch the excuse	duty sheet duly	endorse	d by a practicin	g medical o	officer			
Start Date: 16-May-2	2017	End Date:	2	4-May-2017					
Signature of Applicant:			_				Date Applied:	16-May-2017	
4. Recommendation by Imme	diate Super	visor							
Application Recommended:	\square						Not Recomme	nded:	
Additional Comments:									<u> </u>
Name of Supervisor: Jane	et Osei Afrak	omah	Date:	17-May-2017			Signature:		
5. HR Office Use Only									
Head HR Preliminary Decision: E	Eligible							Not Eligible	
	es:							Yes:	_
Additional Comments (if Any):								res:	Ш
Date of Assessment: 17-Ma	ay-2017						Signature:		
6. Approval by Head of Depa									
	'es	I						No:	
Additional Comments (if Any):									

Signature:___

Date of Approval:

17-May-2017