



EXCUSE DUTY FORM

2. Occupational Details

Current Grade:	Junior Staff
Department/Unit:	NURSING SERVICES
Have you already taken your annual leave:	Have taken all <input type="checkbox"/> Have taken part <input type="checkbox"/> Have taken none <input checked="" type="checkbox"/>

3. Type of Request (Indicate type of request being made by ticking)

Medical: <input checked="" type="checkbox"/>	Family: <input type="checkbox"/>	Education: <input type="checkbox"/>	Other: <input type="checkbox"/>
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: 24-May-2017		

Signature of Applicant: _____

Date Applied: 16-May-2017

4. Recommendation by Immediate Supervisor

Application Recommended: <input checked="" type="checkbox"/>	Not Recommended: <input type="checkbox"/>
Additional Comments:	
Name of Supervisor: Janet Osei Afrakomah Date: 17-May-2017 Signature: _____	

5. HR Office Use Only

Head HR

Preliminary Decision: Eligible <input checked="" type="checkbox"/>	Not Eligible <input type="checkbox"/>
Recommended: Yes: <input checked="" type="checkbox"/>	Yes: <input type="checkbox"/>
Additional Comments (if Any):	

Date of Assessment: 17-May-2017

Signature: _____

6. Approval by Head of Department

Request Approved: Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Additional Comments (if Any):	

Date of Approval: 17-May-2017

Signature: _____

1. Personal Details

Employee No.	AF215102
Surname:	Ameyaa Atuahene

2. Occupational Details

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Signature of Applicant: _____

Date Applied: 16-May-2017

4. Recommendation by Immediate Supervisor

Application Recommended: <input checked="" type="checkbox"/>	Not Recommended: <input type="checkbox"/>
Additional Comments:	
Name of Supervisor: Janet Osei Afrakomah	
Date: 17-May-2017	Signature: _____

5. HR Office Use Only

Head HR

Preliminary Decision:	Eligible <input checked="" type="checkbox"/>	Not Eligible <input type="checkbox"/>
Recommended:	Yes: <input checked="" type="checkbox"/>	Yes: <input type="checkbox"/>
Additional Comments (if Any):		

Date of Assessment: 17-May-2017

Signature: _____

6. Approval by Head of Department

Request Approved:	Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
Additional Comments (if Any):		

Date of Approval: 17-May-2017

Signature: _____

Other Name(s):			
Phone No.		Email:	...

(Please use name as in official documents)

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Signature of Applicant: _____

Date Applied: 16-May-2017

4. Recommendation by Immediate Supervisor

Application Recommended: <input checked="" type="checkbox"/>	Not Recommended: <input type="checkbox"/>
Additional Comments:	
Name of Supervisor: Janet Osei Afrakomah	
Date: 17-May-2017	Signature: _____

5. HR Office Use Only

Head HR

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Additional Comments (if Any):		

Date of Assessment: 17-May-2017

Signature: _____

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Request Approved:	Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
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Additional Comments (if Any):

Date of Approval: 17-May-2017

Signature: _____