



### LEAVE APPLICATION FORM

TYPE OF LEAVE..... Annual .....

Applicants Name..... Magdalene Mbota .....

Dept/Section..... CSM .....

Request leave of absence from..... 04/03/24 .....to..... 06/03/24 .....being..... 3 .....days

..... Annual .....leave and..... — .....Public Holidays, returning to duty on..... 07/03/24 .....

**NB: While away on leave the below named members of staff will undertake my duties and responsibilities**

Name of Person..... Nanny Adongo .....Signature..... (Signature) .....Date..... 04/03/24 .....

Signature of applicant..... (Signature) .....Date..... 04/03/24 .....

Name of Person..... Signature..... Date.....

Signature of applicant..... Date.....

Name of Person..... Signature..... Date.....

Signature of applicant..... Date.....

### FOR OFFICIAL USE

Approved by: .....

Designation: ..... Date.....

Authorized by: ..... Date.....

Designation: .....

### Fill this part if applying for annual leave only

Total Annual Leave taken to date..... days

Balance remaining..... days

Remarks.....

Document issue no.1, Rev.0: Date of issue 12<sup>th</sup> July 2015