

LEAVE RELIEVER FORM

Kindly fill the details below and have your reliever(s) sign where indicated

Date of Application: Magdalene Mbota

Leave Type: Annual

Reliever 1: Nancy Adongo

Signature: 

Date: 25-06-2024

Reliever 2: _____.

Signature: _____.

Date: _____.

Reliever 3: _____.

Signature: _____.

Date: _____.