

LEAVE APPLICATION FORM
WINDLE LEWIS
Applicants Name DEPH BLITTE CLOSE
Applicants Name JOSEPH OLISER BUSH Dept/Section INANCE AND ADMIN SIREIT
Request leave of absence from STM 23 being days WOURL leave and Public Holidays, returning to duty on 1375016 2523
NB: While away on leave the below named members of staff will undertake my duties and
Name of Person. Signature of applicant. Date: 04 05 2=32
Name of Person. Date Wassignature. Date 30 los 223
Name of Person
Signature of applicant
Name of PersonSignatureDate
Signature of applicantDate
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 datedays
Balance remainingdays
Remarks
Document issue no.1, Rev.0: Date of issue 12th July 2015

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