

LEAVE APPLICATION FORM

TYPE OF LEAVE ANHUNL
Applicant's Name PHILIP LASUKY
Dept/Section AGNI-MANINE & GENERAL COMMODITIES
Telephone contacts while on leave. 0728976918 0101976918
Requests leave of absence from 27/06/2023 to 07/08/2023 being 30 days ANNUML Leave and O Public Holidays, returning to duty on 08/08/2023
NB: While away on leave the below named members of staff will undertake my duties and responsibilities: Name of Person: Date: 19/06/2023 Signature of applicant: Date: 19/06/2023
Name of Person: Signature: Date:
Signature of applicant:
Name of Person: Date:
Signature of applicant:
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:

Insp-HRM-SOP-08-F15