

# LEAVE APPLICATION FORM

**TYPE OF LEAVE………………………………….**

Applicant’s Name ………………………………………………………………………………..

Dept/Section ……………………………………………………………………………..

Telephone contacts while on leave…………………………………………….

Requests leave of absence from ………………..………. to ……………………..……… being ………………. days

……… …………………Leave and …………..……….. Public Holidays, returning to duty on…………………………………………..

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

Name of Person: **………….…………..** Signature: **………………………….** Date: **………………….**

Signature of applicant: **………………………..** Date: **………………...........**

Name of Person: **……………………………………..** Signature: **………………………….** Date: **…………………….**

Signature of applicant: **………………………………………………..** Date: **……………………………………...........**

Name of Person: **……………………………………..** Signature: **………………………….** Date: **…………………….**

Signature of applicant: **………………………………………………..** Date: **……………………………………..........**

***FOR OFFICIAL USE***

**Approved by:**

**Designation:**

**Authorized by:**

**Date:**

**Date:**

**Designation:**

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

Total Annual Leave taken to date days Balance remaining days

**Remarks**: **……………………………………………………………………………………………...................................**

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**Insp-HRM-SOP-08-F15**