

**LEAVE APPLICATION FORM**

**APPLICATION NO: LVAP-00001**

<b>PART 1</b>		<b>EMPLOYEE DETAILS</b>
EMPLOYEE NO	NCIA00002	
EMPLOYEE NAME	Millicent Musanga Shitakha	
JOB TITLE	MGR. BUSINESS DEVELOPMENT	
PHONE NO		
EMPLOYEE NO	NCIA00009	
EMPLOYEE NAME	Anne Njeri Kago	
JOB TITLE	SR. SUPPLY CHAIN MGT OFFICER	
PHONE NO		

<b>PART 2</b>		<b>LEAVE DETAILS</b>
LEAVE TYPE	ANNUAL	
LEAVE DAYS APPROVED	3	
LEAVE START DATE	09/25/2024	
LEAVE END DATE	09/27/2024	
LEAVE TYPE	ANNUAL	
LEAVE DAYS APPROVED	4	
LEAVE START DATE	10/04/2024	
LEAVE END DATE	10/09/2024	

<b><u>APPROVALS</u></b>		
<b>Approval Title</b>	<b>Approved Date</b>	<b>Signature</b>
GRACE	10/02/2024	
JOSHUA	10/02/2024	