

HR/EB 01



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
INSTITUTIONAL OFFICE

APPLICATION FOR LEAVE									
INITIALS AND SURNAME OF STAFF MEMBER		SCHOOL/DEPARTMENT		INTERNAL BOX		EXTENSION		PERSONNELNUMBER	
LEAVE TYPE									
ANNUAL	ACCUMULATED	**FAMILY RESPONSIBILITY Max 7 (seven) days per year	ILLNESS (See conditions of employment regarding medical certificate)	INJURY ON DUTY	STUDY Full details regarding study or exam must be attached to application.		MATERNITY	UNPAID	SPECIAL
			**Family Responsibility leave is only granted for the following reasons: Funeral of your spouse, members of one pair of parents and grandparents each of you and your spouse, of biological or legally adopted children or grandchildren, and of biological brothers or sisters of you and your spouse, as well as their spouses; Illness of your spouse and of biological and legally adopted dependent children; or Birth or adoption of your child, where you are the male parent. <u>Please fill in the applicable reason:</u> 						
INDICATE TYPE OF LEAVE, E.G. ANNUAL, ETC.	DAY	MONTH E.G. JAN, FEB	YEAR	U	DAY	MONTH E.G. MAR, APR	YEAR	NUMBER OF DAYS	
				N					
				T					
				I					
				L					
ADDRESS WHILE ON LEAVE:									
TEL. NR.									
ARRANGEMENTS MADE FOR A SUBSTITUTE				YES		NO		NOT APPLICABLE	
SIGNATURE OF STAFF MEMBER: DATE:.....									
RECOMMENDATION: SUPERIOR/SECTION HEAD/SUBJECT HEAD:									
SIGNATURE: DATE:.....									
APPROVAL: DEAN/DIRECTOR/MANAGERIAL HEAD:									
SIGNATURE: DATE:.....									