

ZIMBABWE ELECTRICITY SUPPLY AUTHORITY**APPLICATION FOR LEAVE**(This form must be completed in quadruplicate CORRECTLY and in BLOCK LETTERS)

NAME and INITIALS (Mr. Mrs. Miss).....E.C. No.....

Designation

Department/Station

TYPE OF LEAVE REQUIRED. TICK IN THE APPROPRIATE BOX

(a) Vacation	<input type="checkbox"/>	(b) Urgent Pvt. Affairs	<input type="checkbox"/>	(c) Unpaid Leave	<input type="checkbox"/>
(d) Sick Leave	<input type="checkbox"/>	(e) Maternity Leave	<input type="checkbox"/>		

FromToNo. of Working days.....

DO YOU REQUIRE ENCASHMENT OF LEAVE?.....Number of days.....

Date20.....Signature.....

Remarks:

Recommended.....Approved.....Area Manager

Head of Section

Head of Department / P.S. Manager

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