



# NAIROBI CITY WATER & SEWERAGE COMPANY LTD.

KAMPALA RD P. O. Box 30656 GPO 00100, Nairobi

NCWSC/ISO/HRAD/SR/LEAVE/FORM 1

Leave Application Form

**(To be completed in duplicate)**

**Part I (To be completed by the applicant)**

**NOTE:** Application Form duly completed should be submitted at least 10 days before leave commences.

Name \_\_\_\_\_ Est. No. \_\_\_\_\_

Designation \_\_\_\_\_ Section \_\_\_\_\_

Number of days applied for \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_

Nature of Leave (Tick) - (a) Annual (b) Administrative (c) Sick (d) Compassionate (e) Study leave (f) Compulsory leave

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Leave address shall be \_\_\_\_\_ Tel: \_\_\_\_\_

**Part II (To be completed by immediate supervisor/section head where applicable)**

I do/do not recommend \_\_\_\_\_ leave days

(If not recommended, give reasons \_\_\_\_\_)

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Part III (To be completed by functional Director/Area Manager/In charge Station)**

I do/do not recommend \_\_\_\_\_ days

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part IV (For use by Administration personnel)**

Annual leave entitlement for this year \_\_\_\_\_

Leave accumulated/brought forward with permission \_\_\_\_\_

Leave so far taken during the year \_\_\_\_\_ Days

Total number of days due \_\_\_\_\_ Days

Total number of days now requested \_\_\_\_\_ Days

Balance of days carried forward \_\_\_\_\_ Days

Applicant to resume duty on \_\_\_\_\_

Checked by (Name \_\_\_\_\_ Signature \_\_\_\_\_)

**Part V (To be completed by the Managing Director/Director Administrative Services)**

Leave approved/Not approved \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



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