

EMPLOYEE LEAVE APPLICATION FORM

1.NAME OF EMPLOYEE: SENZIGHE HATIBU G

PAYROLL NO: GVL/001

BRANCH/DEPARTMENT: OPERATIONS

2.No Of Days applied for 3.To report back on		
1.Balance of leave days brought		
This years entitlement		
Days remaining after this applica	tion	
Person to relieve the applicant w		
Name		
Applicant's contact address while	e on leave:	
Гelephone No	Al	ternative Phone No
Signature of applicant		
eave Reccommended/Rejected	l by:	
Name	Signature	

Leave Approved/Rejected by:	
Name	Signature
Employee's Declaration	
I hereby confirm that i have taken	my annual leave and further agree that i have no claim against the company for any outstanding dues or days in lieu of my annual
leave to (month)	
(Year)	Signature
(Date)	
,	

(Incase your services are required, you will be called back prior to completion of your leave)