

**LEAVE FORM (DIRECTORATE/HEADS OF UNIT)**

**To:** Head, HR & Governance **Date:**

**Application by:** **Department/Unit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Leave** | **Reason for Leave** | **Leave Duration** | | **Days Applied** | **Days Left** |
| **Start Date** | **End Date** |
|  |  |  |  |  |  |

**Back-up:**

**Endorsed by: HOD/Supervisor**

**Name: ………………………… Signature: ………………… Date: ……………...**

**Checked by: HR**

**Name: ………………………………… Signature:** …………**Date:** ………………

**Approved by Director General:**

**Name: ………………………………… Signature**: …………... **Date**: …………...

*Kindly note that you can be recalled from leave if your presence is deemed necessary due to urgent operational requirements or unforeseen circumstances. Additionally, you are not permitted to take more than 15 consecutive days of leave at a time.*

A green and white sign with a logo

Description automatically generated

**LEAVE FORM (MANAGERS & SENIOR SUPERVISORS)**

**To:** Head, HR & Governance **Date:**

**Application by:** **Department/Unit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Leave** | **Reason for Leave** | **Leave Duration** | | **Days Applied** | **Days Left** |
| **Start Date** | **End Date** |
|  |  |  |  |  |  |

**Back-up:**

**Endorsed by: HOD/Supervisor**

**Name: …………………………. Signature: ………………… Date: ……………**

**Checked by: HR**

**Name: ………………………………… Signature:** …………**Date:** ………………

**Approved by: ED Finance**

**Name: ………………………………… Signature**: …………... **Date**: …………...

*Kindly note that you can be recalled from leave if your presence is deemed necessary due to urgent operational requirements or unforeseen circumstances.*

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**LEAVE FORM (INTERMEDIATE & JUNIOR STAFF)**

**To:** Head, HR & Governance **Date:**

**Application by:** **Department/Unit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Leave** | **Reason for Leave** | **Leave Duration** | | **Days Applied** | **Days Left** |
| **Start Date** | **End Date** |
|  |  |  |  |  |  |

**Back-up:**

**Endorsed by: HOD/Supervisor**

**Name: …………………………. Signature: ………………… Date: ……………**

**Approved by HR:**

**Name: ………………………………… Signature**: …………... **Date**: …………...

*Kindly note that you can be recalled from leave if your presence is deemed necessary due to urgent operational requirements or unforeseen circumstances.*