## **GREAT LAKES UNIVERSITY OF KISUMU**

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## ABSENCE / WORK AWAY FROM OFFICE

(Please fill in the form and tick where appropriate)

Names:	Signature	Date
Department:		
Purpose of absence from office/working situation	ü	
Nature of purpose: Private	;GLUK Duty	
Dates of absence from working station:		
For Administ	ration use only	
a. Cumulative balance No. of day b/f (from prev	vious immediate form)	
b. Total current weekends and holiday worked (a	ttach supportive forms	106)
c. Current private off days requested (applicable	for private purpose only	7)
d. Net cumulative balance days c/f (a + b - c	·)	
Approved (Supervisor) :	Sign	Dat <u>e</u> :
Approved (Dean / Director / HoD) :	Sign	Dat <u>e</u> :
Approved (HRM) :	Sign	Dat <u>e</u>
Authorized (VC or his appointee):	Sign	Date
NB Duly completed form in triplicate (Original –HRM	; Copy 1- Accounts; Copy	2 – Dept HR file)

Form 103 ( )