

GREAT LAKES UNIVERSITY OF KISUMU

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LEAVE APPLICATION FORM

To be sent to Personnel section before recommendation by the section head for recording of leave days available and after approval.

Applicant name:.....Sign_____Date

Position.....

I wish to applydays annual [], sick [], compensate [], Compassionate [],
Maternity () leave with effect fromto.....inclusive.

I will resume work on
.....I

would like to be paid [], not paid [] my leave allowance.

While on leave, I can be reached on [Mobile ##.....

[e-mail address.....

[postal address.....

(Payment applicable to annual leave)

Signed.....Date.....

REMARKS

Number of days available as atdays

Number of days applied for.....days

Number of days recommended/approved.....days

Balance of leave deductions.....days

OFICIAL USE

Approval (Supervisor) :_____Sign_____Date:_____

Approval (Dean / Director / HoD) :_____Sign_____Date:_____

Approval (HRM) :_____Sign_____Date_____

Authorized (VC or his appointee): _____Sign_____Date_____

Leave approved []/Not approved []

Leave allowance paid Ksh.....

NB Duly completed form in triplicate (Original –HRM; Copy 1- Accounts; Copy 2 – Dept /Faculty/Inst)

Form 206 ()