

GARISSA UNIVERSITY COLLEGE
LEAVE APPLICATION FORM

R 2

(To be completed in Quadruplicate and sent to the DP-Finance, Administration and planning at least 14 days before leave commences)

PART I: (To be completed by applicant)

Full Name.....Designation..... P/F.....
Faculty.....Department.....
Number of days applied forFrom.....To.....
Nature of Leave.....
Leave Address.....Tel. No.....
Note: leave application without leave address will not be considered.
Signature..... Date..... **(Applicant)**

When on leave, Mr./Ms..... will carry out my duties.
(I agree to take his/her responsibilities) Signature..... Date.....

PART II: (To be completed by Dean/Head of Department)

I do/do not recommend..... days leave (if not recommended give reasons)

Signature.....

(Head of Department)

PART III: (To be filled by officer in charge of personnel records)

- (a) Annual leave entitlement.....days
- (b) Accumulated leave (with permission).....days
- (c) Leave taken during the year.....days
- (d) Total number of days requested.....days
- (e) Balance.....days
- (f) Applicant to resume duty on.....
- (g) Payable leave traveling allowance KShs.....
- (h) Remarks.....
- (i) Information checked and certified correct/incorrect (if incorrect specify the error).....

Name.....

(Officer-in-charge of records)

PART IV: Records officer: Bring up on.....for resumption of duty

Signature..... date.....

PART V:

Leave approved /not approved.....date.....

DP- FINANCE, ADMINISTRATION & PLANNING

- Copies Distribution:**
- 1. Head of Department
 - 2. Finance Department (If it's Annual Leave)
 - 3. Personnel (Records)
 - 4. Member of staff