



# SOUTH EASTERN KENYA UNIVERSITY

## LEAVE APPLICATION FORM

**NOTES:** Leave application forms must be submitted in triplicate and should reach the Personnel section at least 7 days prior to date of commencement of leave.

**PART 1 (A) (TO BE COMPLETED BY APPLICANT)**

NAME ..... PF NO.....

DESIGNATION ..... DEPARTMENT.....

NATURE OF LEAVE APPLIED FOR (Tick Appropriately)

*Annual/Contract/Maternity/ Paternity/Study/Sick/Sabbatical/Special-Leave/Emergency*

Number of days requested..... From.....To.....

Signature of Applicant ..... Date.....

Leave Address.....Phone Contact.....

**PART II (B) {TO BE COMPLETED BY THE SECTIONAL HEAD}**

Necessary arrangements have been made to cover the officer for the days S/ He shall be away.

NAME.....SIGNATURE..... DATE.....

**PART III (C) TO BE COMPLETED BY HEAD OF DEPARTMENT**

I recommend/do not recommend the leave as requested.

DEPARTMENT.....SIGNATURE.....DATE.....

**PART IV: (FOR OFFICIAL USE ONLY)**

Annual Leave Entitlement .....Days

Leave Taken so far During the Year/Contract Period .....Days

Leave Accumulated with Prior Permission .....Days

Total Leave Due.....Days

Leave Now Granted.....Days

Balance Due .....Days

**Entered/Checked By:**

Name..... Signature..... Date.....

Leave Approved/Not Approved

**REGISTRAR (ADMINISTRATION)**