



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 EntitlementDays

Leave Taken so far During the Year/Contract PeriodDays

Leave Accumulated with Prior PermissionDays

Total Leave Due.....Days

Leave Now Granted.....Days

Balance DueDays

Entered/Checked By:

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

Leave Approved/Not Approved

REGISTRAR (ADMINISTRATION)