## **APPLICATION FOR LEAVE OF ABSENCE**

Surname						Initials:					
Employment Number						Permanent Er	nployee	Yes		No	
ADDRESS:					•		Contract Employee Yes			No	
						Department					
						Unit/Directorate					
TEL NO. :											
ID. NO :											
Type of Leave Taken As Working Days					Start Date	End Date	No. Of Working Balance Days			е	
Annual Leave					00000	0					
Normal Sick Leave						000					
Leave for Occupational Injuries and Diseases											
Specify Type of Illness					Bur						
Union Activities Leave (Provide evidence)					MG.						
Family Responsibility Leave (Provide evidence)					· 9						
Study Leave					9						
Specify Type of special leave						60		•			
Unpaid Leave ( Provide motivation )					The same of the same of	Dec.					
Maternity Leave ( Attach					100	100					
Paid time off (overtime)		, , , , , , , , , , , , , , , , , , ,			1						
I hereby certify that the information provide is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I fully understand that if I do not have sufficient leave credits from my previous or current leave cycle to cover for my application, this leave application will be null and void.											
Employee signature						Date					
RECOMMENDATION BY SUPERVISOR/MANAGER (MARK WITH X )  Recommended Not Recommended Rescheduled											
REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling ):											
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						K.C. A					
						0.13	1				
Manager's/Sup	ervisor's			1	~		1	E	Date		
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Approved with Full Pay		1		10.0	hout Pay			Approv	ea		
REMARKS (If approved with a change in condition of payment or not approved, please provide motivation ):											
Signature of	HOD								 Date		
0.3				DAT	A CAPTURING						
RECEIVED BY RECEIVED ON											
CHECKED BY					" CHECK	ED ON					