

GARISSA UNIVERSITY
LEAVE APPLICATION FORM

R2

(To be completed in Quadruplicate and sent to the DVC-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)

.....
Name.....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).....
.....
(j) Records officer: Bring up on.....for resumption of duty
Name:Date: Signature:

PART IV: (Verification by Human Resource Department)

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

PART V:

Leave approved /not approved.....Date.....

DVC- FINANCE, ADMINISTRATION & PLANNING

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