



Leave Application

Employee Name Mr. / Ms. / Dr.:

Phone .No. G.S.M: Extension:

Date Application:

Position:

College/Center:

Leave Type :

- | | |
|--|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Examination Leave |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Business trip / representation |
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Research/Thesis discussion |
| <input type="checkbox"/> Haj Leave | <input type="checkbox"/> Sabbatical leave |
| <input type="checkbox"/> Following Death of Husband (Oda) | |
| <input type="checkbox"/> Unpaid Leave | <input type="checkbox"/> Bereavement Leave |
| <input type="checkbox"/> Special Leave (Approved form the Chancellor or the Vice Chancellor) | |
| <input type="checkbox"/> Emergency -- state a reason..... | |

Date of leave: From To Total days:

Due date back to work:

Signature of Employee: Date:

Signature of H.O.D: Date:

Dean of the College/ Head of the Center Signature:

For Human Resource Used Only:

Accrued Leave: Days.

Leave Days: Days.

Balance: Days.

Sing of Human Resource Director: Date:

• **Please Note:**

1. Please send this form after the completion to the coordinator of the college/department six weeks prior to your departure.
2. Please attach airplane ticket requisition along with this form.
3. **Business trip:** All travels related to business purposes including conferences .Any travel undertaken in connection with unrelated business reasons (i.e. personal) shall not be considered a business trip.