

MOI UNIVERSITY LEAVE APPLICATION FORM

(To be completed in quadruplicate and sent to the Chief Administrative Officer at least 14 days before leave commences)

PART I: (To be completed by Applicant)

Full Name Designation P/F
School Department
Number of days applied for From To
Nature of Leave
Leave Address Tel. No:
Note: Leave application without leave address will not be considered.
Signature: Date.....

(Applicant)

PART II: (To be completed by Head of Department)

I do/do not recommend days leave (If not recommended give reasons)
.....
Signature: Date.....

(Head of Department)

PART III: (Dean's Remarks)

Leave recommended/not recommended
Signature: Date.....

PART IV: (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 travelling allowance Kshs.
- h) Remarks
- i) Information checked and certified correct/in correct (If incorrect specify the error)
.....

Name: Signature

(Officer in-charge of records)

PART V: Records Officer: Bring up on for resumption of duty

Signature: Date.....

PART VI:

Leave approved/not Approved Date:

(Chief Administrative Officer)