

GREAT LAKES UNIVERSITY OF KISUMU
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LEAVE APPLICATION FORM

To be sent to Human Resource section after recommendation by the section head for recording of leave days available.

Applicant name:.....Sign.....Date.....

Position.....

I wish to apply for.....days Annual [] Sick [], compensate [], Compassionate [], Maternity [] Leave with effect from.....to.....inclusive.

I will resume work on.....I would like to be paid [], not paid [] my leave allowance.

While on leave, I can be reached on Mobile##.....

[E-mail address].....[postal address].....

While I am away.....Title.....

Department.....will stand in for me

(Payment applicable to annual leave)

Signed (Applicant).....Date.....

Signed (designee).....Date.....

REMARKS.

Number of days available as at.....days

Number of days applied for.....days

Number of days recommended/approved.....days

Balance of leave deductions.....days

OFFICIAL USE

Approval (Supervisor) :.....Sign.....Date.....

Approval (Dean/Director/ HOD) :.....Sign.....Date.....

Approval (HRM) :.....Sign.....Date.....

Approval (VC or his appointee) :.....Sign.....Date.....

Leave approved [] Not approved []

Leave allowance paid Ksh.....

NB : Leave of officers heading any University Unit must be signed by the VC

Duly completed form in triplicate (Original – HRM; Copy 1– Accounts; Copy 2– Dept/ Faculty/ Inst