KIBU-F-ADM-008



**KIBABII**

**UNIVERSITY**

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# KIBABII UNIVERSITY

**P.O. BOX 1699 - 50200, BUNGOMA. TEL: 020-2028660/0708-085934/07340831729 LEAVE APPLICATION FORM**

(To be used for Annual/Maternity/Paternity & Compassionate Leave)

(To be completed in quadruplicated and sent to the Registrar (Admin) at least 14 days before leave commences)

**PART 1** (To be completed by applicant)

Name…………………………………….. Designation……………………………P/F……………….. Faulty/Division………………………….. Department………………………………………………… Number of days applied for……….from…………….. To……………………………………………… Nature of leave…………………………………………………………………………………………… Contact address………………………………………………………………………………..………… Tel. No…………………………………………………………………………………………………… Note: Leave application without address will not be considered.

Applicants Signature…………………………………… Date…………………………………………

**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 (if not recommended give reasons)

…………………………………………………………………………………………………………… Signature………………………….. …………………………………… Date…………………………

**PART IV** (To be filled by officer in charge of personnel records)

1. Annual leave entitlement……………………………………………….days
2. Accumulated leave (with permission)………………………………….days
3. Leave taken during the year…………………………………………….days
4. Total number of days requested………………………………...………days

e) Balance………………………………………………………………….days

f) Applicant to resume duty on……………………………………………..………………………

g) Information checked and certified/if incorrect specify the reasons……..………………………..

……………………………………………………………………………………………………………. Officer in charge of records name………………………Signature……..….…………..………………… Date………………………………………………

# PART V

Records Officer – bring up on ………………….. For resumption of duty. Signature………………………………………. Date………..…………….…………………………..

# PART VI

Leave approved/not approved…………………………… Date…………………………………

*(Registrar Administration)*