KIBU-F-ADM-028

**KIBABII UNIVERSITY**

# OVERTIME/OFF APPLICATION FORM

(To Be Filled In Triplicate)

**PART 1 (A) TO BE COMPLETED BY APPLICANT**

Name:………………………………………………………..PF. No……………………………….. Department……………………………………………………………………………………………. Overtime/Off Requested form………………………………….To:…………………………………. Signature of Applicant…………………………………………Date:………………………………… My Address will be P.O. Box ………………………………………………………………………… Telephone No:………………………………………………………………………………………….

**PART 1 (B) COMMENTS BY SECTION HEAD**

Recommended/not recommended (Delete as Necessary) If not Recommended (Reasons)

…………………………………………………………………………………………………………..

………………………………………………………………………………………………………….. Designation……………………………………………..Signature…………………………………………

**PART II (FOR OFFICIAL USE IN THE DEPARTMENT)**

Overtime/Off Entitlement:……………………………………………………………………..….Days Overtime off taken so far during the year…………………………………………………………Days Number of Days Requested…………………………………………………………………….…Days Balance…………………………………………………………………………………………….Days

**PART III TO BE COMPLETED BY HEAD OF DEPARTMENT**

Approved/Not Approved. (Delete as appropriate)

(if approved). To resume duty on…………………………………………………………………. Name…………………………………………………………..Sign…………………………………… Designation:……………………………………………………..Date:……………………………… **NOTE:** Original to be filed in staff personal file in Administration

1st Copy to the Applicant

2nd Copy to the Head of Department