KIBU-F-ADM-009

**KIBABII UNIVERSITY**

**PERMISSION TO BE AWAY FROM WORK**

1. Name of applicant Prof./Dr./Mr./Mrs./Miss

2. Personal File No . I wish to apply for permission to be away from work with effect from.to  Reasons for being away.. .. .. These days should be deducted from my annual leave days (where applicable).

Applicants signatureDesignation 

**Supervisor**

I have no objection to the above named taking .......................................days.

He/she must report back for duty on ...................................... Name . Signature  Date .

**SECTION HEAD**

Permission is hereby granted/not granted to the above named to be away from work as requested. Name  Signature  Date 

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| Registrar Administration . (*To update Records*) |  |