



KABARNET UNIVERSITY COLLEGE

LEAVE APPLICATION FORM

(To be completed in quadruplicate and sent to the Deputy principal-Administration Planning and Finance at least 14 days before leave commences)

PART 1: (To be completed by applicant)

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

(Applicant)

PART 11: (To be completed by Head of Department)

I do/do not recommend.....days leave (if not recommended give reasons)
.....
Signature.....

(Head of Department)

A

PART 111: (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.....days
- (g) Payable leave traveling allowance Shs:.....days
- (h) Remarks.....days
- (i) Information checked and certified correct/incorrect (if incorrect specify the error).....

Name.....

(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.....

DEPUTY PRINCIPAL (A & F)