



TECHNICAL UNIVERSITY OF KENYA
TUK/HRM/REG/LF/001
APPLICATION FOR ANNUAL/COMPASSIONATE LEAVE, FOR STAFF
(REVISED 2017)

To be completed in Triplicate and submitted to the *Human Resource Services - Registry* through the Head of Department ***at least two weeks*** before commencement of leave.

PART I – (To be completed by the applicant)

Name.....

Payroll Number (*ensure you indicate*).....Department/Centre/School.....

I wish to apply for days leave, starting from ___/___/___ To ___/___/___

My leave address will be: (*ensure you indicate*)

Telephone Number

Applicant's signature..... Date ___/___/___

PART II (To be completed by Head of Department)

Recommended satisfactory arrangements can be made for performance of his/her duties during his/her absence/ not recommended for the following reasons.

His/her duties will be performed by:

Official Stamp

Name

Designation

Date ___/___/___

Signature.....

HOD/Reporting Officer _____

FOR OFFICIAL USE ONLY

Total leave due in the current year: is days less applied for Commencing on ___/___/___ to resume duty on ___/___/___ Balance to be utilized before the end of the current year is days.

Application for leave is in order

Signature.....Date ___/___/___

Application for leave is approved not approved

Signature.....Date ___/___/___

FOR VICE-CHANCELLOR

