THARAKA

P.O BOX 193-60215, MARIMANTI, KENYA

Part 1: To be completed by the Applicant



UNIVERSITY

Telephone: +(254)-0202008549 Website: <u>https://tharaka.ac.ke</u>

Social Media: tharakauni

Email: info@tharaka.ac.ke

OFFICE OF THE REGISTRAR (Administration and Planning)

LEAVE APLICATION FORM

NOTES:

- I. Leave application forms must be submitted in triplicate and should reach the office of the Registrar (Administration & Planning) at least 2 days before it is due to commence.
- II. Leave may only be taken after the forms have been duly approved by the Registrar (A&P).

Name: P/F No.: Department: Grade: Date:

Leave Application				Remaining Entitlement		
Leave Type	Date		No. of	Entitlement	Taken	Balance
(tick where applicable)			days			
□Annual Leave	Start	End				
□Sick Leave						
□Hospitalization Leave						
□Maternity Leave						
□ Paternity Leave						
□Emergency Leave						
□Unpaid Leave						
□Study/Exam Leave						
□Compassionate Leave						
□Other						

(Exclusive of Saturdays, Sundays and Public Holidays)

I shall handover my duties to
Contact address while on leave P.O Box
Employee Signature: Date:
Part 2: To be completed by the Supervisor
Leave granted/ suspended. If suspended reasons
Name
Designation
Signed Date
Part 3: To be completed by the HR Registrar (Administration and Planning)
Annual entitlement
Less Leave days taken during the yearLess Days requested
Balance Due
Signed Date
Approval
Copies $\sqrt{\text{Applicant}}$ $\sqrt{\text{Department}}$ $\sqrt{\text{Personal file}}$