



APPLICATION TO BE AWAY FROM DUTY AT THIS CAMPUS
(Academic, Administrative and Supporting Staff)

1. Name:
- a. My contacts while I am away:
 - i. Mob:
 - ii. Email:
2. Title:
- a. My responsibilities while I am away will be taken care of by:
 - i. Mr. /Mrs. /Ms.:
 - ii. His/her contacts i.e. Mob:
3. Department:
4. I request to be away from the University College Campus for...day (s) fromto.....
5. Nature of request:
 - a. Private: *(Tick where appropriate)*
 - i. Part of annual Leave []
 - ii. Sick Leave (attach relevant documents) [].....
 - iii. Compassionate Leave (attach relevant documents) [].....
 - iv. Maternity Leave (attach relevant documents) [].....
 - v. Paternity Leave (attach relevant documents) [].....
 - b. Official (attach relevant documents) []

Signature: Date:

- i. HoD: Accepted [] Refused [] Name:Signature:
- ii. Dean of Faculty/ Coordinator IAHS:

Accepted [] Refused [] Name:Signature:
- iii. DP/PFA: Accepted [] Refused [] Name:Signature:

Reasons for non-acceptance of application:

.....

HRO.....Approved []. Not approved []. Signature.....

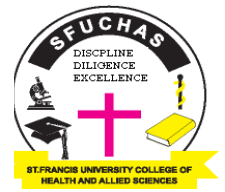
DP/PFA..... Approved []. Not approved [].

Signature.....

Reasons for no-acceptance of application.....



St. Francis University College of Health and Allied Sciences (SFUCHAS)
Constituent College of St. Augustine University of Tanzania
P.O. Box 175 Ifakara / Morogoro / Tanzania/ East Africa



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NB: 1. HoD, HRO and DP-/PFA must tick an appropriate box if they accept or refuse permission. Reasons should be provided for non-accepted applications.

2. The applicant should not exempt him/her self from the duty until the permission is granted by the competent authority.