

# ST. FRANCIS UNIVERSITY COLLEGE HEALTH & ALLIED SCIENCES



## ANNUAL LEAVE APPLICATION FORM Teaching Staff

### ❖ SECTION A: APPLICANT

Employee Name: \_\_\_\_\_

Date Joined SFUCHAS: \_\_\_\_\_ Job Title: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Mob: \_\_\_\_\_ Email: \_\_\_\_\_

When I am away my responsibilities will be taken care of by: \_\_\_\_\_

His / Her Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Leave Applied for:** \_\_\_\_\_ *Tick where appropriate*

1	Annual Leave	
2	Sick Leave	
3	Maternity Leave	
4	Paternity Leave	
5	Compassionate Leave	
6	Official Permission	

Leave Days Status	Days	Year
Annual Leave Entitlement for Current Year		
Number of Leave days taken		
Balance of Leave due <b>(For Office use Only)</b>		

Period of Leave: from (Date): \_\_\_\_\_ to (Date): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### ❖ SECTION B: FOR OFFICE USE ONLY

1. **HoD:** Approved / Not Approved: Name: \_\_\_\_\_  
Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

2. **Dean/ Coordinator:** Approved / Not Approved: Name: \_\_\_\_\_  
Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

3. **DP-/ARC:** Approved / Not Approved: Name: \_\_\_\_\_  
Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

4. **HR:** Approved / Not Approved: Name: \_\_\_\_\_  
Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

5. **DP-/PFA:** Approved / Not Approved: Name: \_\_\_\_\_  
Signature and Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

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

**2. The applicant should not assume the start of leave until the permission is granted by the competent authority.**