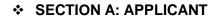


ST. FRANCIS UNIVERSITY COLLEGE HEALTH & ALLIED SCIENCES

ANNUAL LEAVE APPLICATION FORM

Teaching Academic Staff



Employee Name:				
Date Joined SFUCHAS:Job Title:				
Faculty:				
Department:				
Mob:Email:				
When I am away my responsibilities will be taken_care_of_by:				
His / HerMob:Email:				
Type of Leave Applied: Tick whereappropriate				
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 (For Office use Only)				
		<u> </u>		
Period of Leave: from (Date):to (Date):				
Date of Application:				
Applicant Signature:				
❖ SECTION B: FOR OFFICE USE_ONLY				
•	SECTION B. FOR STRISE SSE_SKET			
1. HoD: Approved / Not Approved: Name:				
	Signature and Official Stamp:	Date	e:	
2.	Dean/ Coordinator: Approved / Not_Approved: Name:			
	Signature and Official Stamp:			
3				
Ο.	DP/ARC: Approved / Not Approved: Name:			
4.	HR: Approved / Not Approved: Name:			
	Signature and Official Stamp:			
5. DP/PFA: Approved / Not Approved: Name:				
٥.	Signature and Official Stamp:			
	5 			

- NB: 1. HoD and HRO must tick an the 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.