

ST. FRANCIS UNIVERSITY COLLEGE HEALTH & ALLIED SCIENCES



ANNUAL LEAVE APPLICATION FORM Academic 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: *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 (For Office use Only)		

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 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.