



UNIVERSITY OF HEALTH AND ALLIED SCIENCES

STAFF ANNUAL LEAVE APPLICATION FORM

ADMINISTRATORS

SECTION A: REGULATIONS REGARDING ANNUAL LEAVE

- Staff should normally take their full leave every year;
- Subject to departmental convenience leave may be taken in parts, provided no part is less than **TWO (2)** weeks in duration;
- Application for leave should be made on the appropriate forms and processed through the Head of Department at least one month prior to departure date;
- Leave for one year may not be carried forward to the next unless in exceptional circumstances and with a letter of approval from the Vice-Chancellor or the Registrar on the recommendation of the Head of Department;
- The form should be completed in **DUPLICATE**

SECTION B: TO BE COMPLETED BY APPLICANT

1. Name of Applicant:
2. Directorate/Department/Unit:
3. Type of Appointment:
4. Grade:
5. Current Leave Entitlement:
6. Part Leave Already Taken (Including Accountable Leave):
7. Any approved arrears of leave brought forward from previous years:
8. Number of days required on this application:
9. Date intended to commence Leave:
10. Name of Officer who will perform your duties:
11. Address and telephone while on Leave:.....
.....
12. Signature of Applicant: Date:

SECTION C: TO BE COMPLETED BY HEAD OF DEPARTMENT

- 13. Please recommend number of days to be approved on this Application:
- 14. Please recommend date of commencement of leave:
- 15. Name & Signature:..... Date.....

SECTION D: TO BE COMPLETED BY THE REGISTRAR

- 16. Number of Days Entitled in the current Leave Year:
- 17. Part Leave/Accountable Casual Leave Already Taken in the Year:
- 18. Number of days Approved on this application:
- 19. Approved date of Commencement of leave:
- 20. Approved date of Termination of leave:
- 21. Approved date of Resumption of Duty:
- 22. Application Processed by: Date:
- 23. Application Approved by: Date.....