

MBALE CITY



Appendix C to E.N.17 of 1971

APPLICATION FOR ANNUAL /STUDY/SICK/MATERNITY LEAVE

NOTE: To be addressed to the Responsible Officer/Head of Department/Head of Division

To:

Thru:

Thru:

Name: Designation:

Annual/Study/Sick/Maternity Leave applied for.....days p.m.

Leave Address/Telephone No. /Email

.....
Date

.....
Signature

SECTION II To be completed by Head of Human Resource

COMPUTATION OF LEAVE

o Days

- Annual/Sick/Study/Maternity Leave due in (year)
- Less leave taken
- Balance

ANNUAL/STUDY/SICK/MATERNITY LEAVE AS COMPUTED ABOVE RECOMMENDED/APPROVED. This application is in accordance with the leave roster.

This application is in accordance with leave roster. Computation checked and leave recorded by

Computation checked and leave recorded by

Date:.....

Head of Human Resource

.....
Signature

SECTION III

To

Your application for leave fromtois approved/not approved

(Reasons for not approving must be given)

.....
Signature of Responsible Officer

.....
Date

Name.....

Designation.....

.....
Official Stamp and Date