

Local Governance & Community Development Programme

Application for Leave

Name _____ Title _____

I hereby request _____ day (s) Annual/Sick/Casual/Festival/Leave as follows

Commencing Date _____ Ending Date: _____

Purpose: _____

Date _____ Staff Member's Signature: _____

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Signature

Annual Leave Balance _____ days

Casual Leave Balance _____ days Personnel Assistant _____

Festival Leave Balance _____ days

Leave Recommended Date _____ Supervisor _____

Leave Approved Date _____

National Programme Director/Prog. Manager/Admin. Officer _____

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