



**CENTRE FOR MATHEMATICS, SCIENCE AND TECHNOLOGY EDUCATION IN AFRICA  
(CEMASTEA)**

**APPLICATION FOR LEAVE OF ABSENCE**

This application form should be completed by all staff seeking leave of absence.

**PART 1**

Applicant's name .....TSC/Personal No.....Date.....

Department .....

Reason(s) for leave.....

From (Date).....To (Date).....Days taken (No.).....

**CONTACT DURING PERIOD OF LEAVE**

Postal address.....

Mobile tel No.....Signature.....

**PART II**

**WORK/ASSIGNMENTS HANDED OVER WHILE ON LEAVE**

DETAILS OF WORK/ASSIGNMENTS	OFFICER TAKING OVER (Name, Signature & Date)

**PART III**

**DEAN OF STUDIES/ HEAD OF SECTION**

Application is recommended/not recommended

Remarks (reasons).....

Name.....Signature..... Date .....



**ISO 9001:2015 CERTIFIED**

**PART IV**

**HUMAN RESOURCE OFFICER**

Total No of days entitled in a year.....No. of days taken.....No. of days applied for.....Bal.....

Leave recommended/not recommended

Name.....Signature.....Date.....

**PART V**

**DEPUTY DIRECTOR TRAINING / HEAD OF DEPARTMENT**

The leave application is recommended/not recommended

Remarks (reasons).....

Name.....Signature.....Date.....

**PART VI**

**DIRECTOR/ DEPUTY DIRECTOR**

The leave application is approved /not approved

Remarks.....

Name.....Signature..... Date .....