



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

**APPLICATION FOR ANNUAL LEAVE/MATERNITY LEAVE/PATERNITY LEAVE**

This application form should be completed in duplicate by all CEMASTE staff seeking leave. Duly completed forms should reach the Director/Deputy Director of CEMASTE two weeks prior to the date leave commences. Annual leave is normally taken within the calendar year as per the schedule prepared by each department.

**PART 1**

Applicant's name .....TSC/Personal .....Date.....

Department.....Leave duration..... (days) from .....to (date).....

**CONTACT DURING PERIOD OF LEAVE**

Postal address .....

Mobile tel No. ....Signature of Applicant .....

**PART II**

**WORK /ASSIGNMENTS HANDED OVER DURING MY LEAVE**

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



**PART III**

**DEAN OF STUDIES/ HEAD OF SECTION**

The leave application is recommended/not recommended

Remarks (reasons).....

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

**PART IV**

**HUMAN RESOURCE OFFICER**

Total Number of days entitled to in the year.....No. of days taken.....No. of days applied for.....Bal.....

The leave application is 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**

This application is approved/not approved

Remarks (reasons).....

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

