



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

APPLICATION FOR OFF

PART 1

Applicant's name Personal NO. Date.....
Department..... duration of..... (days) from (date).....to (date).....
Total No. of accumulated OFF DAYS..... as at 2021
OFF days for 2021.....days TOTAL OFF days.....
Days taken..... Applied for..... Balance.....
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 OFF application is recommended/not recommended

Remarks (reasons).....

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

PART IV

HUMAN RESOURCE OFFICER

The OFF application is recommended/not recommended

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

PART V

DEPUTY DIRECTOR TRAINING/ HEAD OF DEPARTMENT

The OFF application is recommended/ not recommended

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

PART VI

DIRECTOR/ DEPUTY DIRECTOR

This application is approved/not approved

Remarks (reasons).....

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

