


(To be filled in Triplicate)

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/HRM/006	
	Title: STAFF LEAVE APPLICATION		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

PART A:

I: STAFF DETAILS

.....
 Last Name First Name Middle Name
 ID/No..... Staff No..... PIN.....
 Date of First Appointment..... Designation.....
 Current Grade..... Current Department.....
 Employment Term: Permanent & Pensionable Contract Temporary Casual

II: LEAVE DETAILS

Days Applied for: Start Date: End Date:

Indicate Days Applied For In The Appropriate Type of Leave Column.

ANNUAL	MATERNITY	PATERNITY	STUDY	UNPAID	SICK	COMPASSIONATE/ SPECIAL	DAYS OFF

Details of Leave.....

Contact Address..... Cell Phone No.....

Staff Member:
 Signature Date

PART B: HOD's COMMENTS

Recommended/Not Recommended.
 HR Department consulted, and he/she will be relieved by:

Signature Date &Stamp

PART C: LEAVE RECORD

Recommended/Not Recommended
 Days Brought Forward.....
 Current Entitlement.....
 Leave Days Earned.....
 Days Granted.....
 Leave Days Loaned.....
 Days Carried Forward.....
 Resumption Date

Assistant Registrar (HRM) Date &stamp

PART D: APPROVAL

Approved/Not Approved

VC /DVC (AFP)/Registrar (AP)
 Signature Date & Stamp

1. Delete Whichever Not Applicable
2. Maternity, Paternity, Sick, Compassionate/Special Leave requests must be accompanied with documentary evidence
3. Distribution of Copies: Original-Staff File, Duplicate-Staff Member, Triplicate-Head Of Staff Members Department
4. Approval : Grades 1 to 4 – Registrar (AP), Grades 5 to 12 – DVC(AFP), Grades 13 and above – Vice Chancellor

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