



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/HRM/006

Title: STAFF LEAVE APPLICATION

Department: HUMAN RESOURCE MANAGEMENT

Issue No. 1

Revision No. 1

Date: 10th March 2017

(To be filled in Triplicate)

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.

Table with 8 columns: 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 I to 4 – Registrar (AP), Grades 5 to 12 – DVC(AFP), Grades 13 and above – Vice Chancellor
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