

COUNTY GOVERNMENT OF VIHIGA



LEAVE APPLICATION FORM

TO THE HEAD OF DEPARTMENT

IPER/NO.....
wish to apply for.....(Maternity, Annual, Paternity, Sick, Study, etc) leave
for the year ofdays with effect from.....
Date of applicationAddress while on leave..... Phone
Number

(NB/ sick, maternity, paternity leave must accompany supportive document)
Applicant's signature.....

HEAD OF SECTION (Immediate supervisor)

Days applied.....Days Recommended..... Name of officer (s) taking
over..... This officer should be grantedDays
with effect fromTo.....
NameSign.....Date.....

HEAD OF DEPARTMENT/CHIEF OFFICER

Head of Department Approval – Approved/Not Approved
NameSign.....Date.....

ESTABLISHMENT SECTION

LEAVE COMPUTATION

Leave entitlementdays
Leave Balance.....days
TOTAL.....days
Less leave forfeited.....days
Less leave taken this year.....days
Balance of leave due.....days
Less this leave.....days
Balance of leave as atdays
Leave traveling allowance due for the year.....is Kshs.....

DATE TO RESUME.....

Approved

Sign.....

Date.....

Director Human Resource