



## MASENO UNIVERSITY LEAVE APPLICATION FORM

**(To be completed on Quadruplicate and sent to the Directorate of Human Resources at least 14 days before commencement of leave).**

**PART 1 (To be completed by Applicant)**

Full Name ..... Designation.....  
 Faculty..... PF/NO. ....  
 Department.....  
 No. of Days applied ..... From ..... To.....  
 Nature of leave.....  
 Leave Address ..... Telephone No.....  
 Signature.....Date.....  
**(Applicant)**

**PART II (To be filled by Officer in charge of Personnel Records)**

a) Annual leave entitlement .....days  
 b) Accumulated leave (with permission) .....days  
 c) Leave taken during the year .....days  
 d) Balance available in records.....days  
 e) Information checked and certified correct/incorrect (if incorrect specify error)  
 Name ..... Signature .....  
**(Officer in Charge of Records)**

**PART III (To be completed by Head of section)**

I do/do not recommend ..... (If not recommended give reasons)  
 .....  
 Signature ..... Date.....

**PART IV (To be completed by Head of Department)**

I do/do not recommend/Approve ..... (If not recommended give reasons)  
 .....  
 Signature ..... Date.....

**PART V (Vice-Chancellor/Deputy Vice-Chancellor AFD/Director HR)**

Leave Approved /Not Approved  
 Signature ..... Date.....

**PART VI (Directorate of Human Resources)**

a) Total number of days requested.....days  
 b) Total number of days approved..... days  
 c) Balance ..... days  
 d) Applicant to resume duty on .....  
 e) Remarks .....  
 f) Records Officer bring up on .....for resumption of duty  
 Signature ..... Date.....  
 g) Leave data certified correct..... Date.....  
**(Directorate of Human Resources)**