

UNIVERSITY OF SIERRA LEONE

TO: The Registrar, University of Sierra Leone
Thro. The Deputy Vice Chancellor & Principal
The Deputy Registrar
The Head HRM

APPLICATION FOR ANNUAL LEAVE

Section A. (to be completed by applicant)

- 1. Name.....
- 2. Department/Division.....
- 3. College/institution.....
- 4. Present Salary.....
- 5. Date returned from last leave.....
- 6. Duration.....
- 7. Balance of leave brought forward.....
- 8. Leave earned during current year.....
- 9. Total leave due.....
- 10. Less leave days already granted in respect of UPA.....
- 11. Days forfeited through noncompliance of policy..... days
- 12. Proposed date of departure.....
- 13. Proposed date of resumption of duty.....
- 14. Leave address.....

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Date

Signature

Section B (to be completed by Head of Department)

I recommend that..... take leave as follows

(a) Total leave due.....or (b)..... Days

(b) And (c) number of days to be deferred.....

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Date

Signature

SECTION C (TO BE COMPLETED BY REGISTRAR/VICE-CHANCELLOR AND PRINCIPAL)

I APPROVE THAT..... Days leave be taken by staff member

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Date

Signature