



UNIVERSITY OF EDUCATION, WINNEBA
DIVISION OF HUMAN RESOURCE

LEAVE FORM

Name:.....

Rank/Position:.....

Department/Section:.....

Maternity/Annual Leave (Tick as appropriate)

Date of Last leave:.....

Home Town:..... Tel No:.....

Officer's Signature:..... Date:.....

TO BE FILLED BY ADMINISTRATIVE ASSISTANT/CLERK IN APPLICANT'S DEPARTMENT

No. of days entitled to in the current year:..... working days

Leave already taken in the current year:..... days

Outstanding Leave:..... days

Number of days requested for:.....

Date leave Begins :.....

Date leave Ends:.....

Date of Resumption:.....

Leave Address:.....

HEAD OF DEPARTMENT COLUMN

i) Leave Approved/Amended/Not Approved/Deferred (Tick as appropriate)

ii) Reasons:.....

iii) No. of days granted if amended:.....

iv) Need for temporary replacement (Yes/No)

v) Signature:.....Date:.....

DIVISION OF HUMAN RESOURCE

Leave Approved/Not Approved/Amended/Deferred

Signature of D.H.R Officer:.....

Date:.....