



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
LEAVE APPLICATION FORM**

(To be completed in quadruplicate and sent to the Registrar Planning & Administration at least 14 days before leave commences)

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

Full Name \_\_\_\_\_ Designation \_\_\_\_\_  
 Faculty/Section \_\_\_\_\_ PF/NO \_\_\_\_\_  
 Department \_\_\_\_\_ Nature of Leave \_\_\_\_\_  
 No. of days applied for \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Leave address \_\_\_\_\_  
 Tel. No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

I do/do not recommend \_\_\_\_\_ (if not recommended give reasons)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Head of Department

**PART III (Dean's Remarks)**

Leave recommended/Not recommended

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

- |  |  |
|--|--|
| (a) Annual leave entitlement _____ days  | (b) Accumulated leave (with permission) _____ days |
| (c) Total (a+b) _____ days   | (d) Leave taken during the year _____ days         |
| (e) Balance (c-d) _____ days   | (f) Total number of days requested _____ days      |
| (g) Balance (e-f) _____ days   | (h) Applicant to resume duty on _____              |
| (i) Information checked and certified correct/incorrect (If incorrect specify error) |  |

\_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Officer in charge of records

**PART V**

Records Officer bring up on \_\_\_\_\_ for resumption of duty  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART VI**

Leave approved/Not approved \_\_\_\_\_ Date \_\_\_\_\_  
 Registrar Planning & Administration