



KAIMOSI FRIENDS UNIVERSITY (KAFU)

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P.O. Box, 385

Kaimosi – 50309

Kenya

Office of the Registrar (Administration)

LEAVE APPLICATION FORM (grade i-x)

(To be used for Annual/Maternity/Paternity/Off days & Compassionate Leave)

(To be completed in quadruplicate and send to the Registrar (Admin) at least 14 days before leave commences)

Part I (To be completed by applicant)

Name..... Designation..... P/F.....

Faculty/Division Department

Number of days applied for..... From to.....

Nature of leave.....

Contact address

Tel. No.....

Note: Leave application without address will not be considered.

Applicants Signature Date.....

PART II (To be completed by Head of Department)

I do/do not recommend days leave (if not recommended give reasons)

.....

Signature Date

(Head of Department)

PART III (Dean's remarks)

Leave recommended/not recommended (if not recommended give reasons)

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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) Leave taken during the year.....days

d) Total number of days requesteddays

e) Balance days

f) Applicant to resume duty on days

g) Information checked and certified/if incorrect specify reasons.....

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Officer in charge of records' name Signature

Date.....

PART V

Records Officer bring up on for resumption of duty.

Signature Date.....

PART VI

Leave approved/not approved..... Date.....

(Deputy Registrar (HR & Admin))