



KAIMOSI FRIENDS UNIVERSITY (KAFU)

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Kenya

OFFICE OF THE REGISTRAR (ADMINISTRATION)

OFF DAY FORM

(TO BE COMPLETED IN DUPLICATE)

Name of applicant:

Personal File No:

I wish to apply off days from work with effects

From: To:

Reasons:

.....
.....
.....
.....
.....

These days should be deducted from my annual leave (where applicable)

Applicant Signature: Designation:

IMMEDIATE SUPERVISOR:

I have no objection to the named above taking

She/he must report for duty on

Signature: Designation:

SECTION HEAD

Permission is hereby granted to the above named to be away from work as requested.

Name: Signature: Date: