

VACATION LEAVE FORM

Department/Directorate/College/School/Section/Unit

Surname _____ Name _____
Grade _____ Tel. No. _____
ID No. _____ NI No. _____
Directorate _____ Section _____

1. **Whole days only:**

On _____ No. of Hours _____
On _____ No. of Hours _____
On _____ No. of Hours _____

2. **Shorter absences of not less than 1 hour:**
(maximum of 96 hours per calendar year)

On _____ No. of Hours _____
On _____ No. of Hours _____
On _____ No. of Hours _____

Total number of hours since 1st January _____ *including this application.*

Signature of Applicant

Date

Approved

Not Approved

Signature of Line Manager

Rubber Stamp and Date