**UNVERSITY OF SIERRA LEONE**

TO: The Registrar, University of Sierra Leone

Thro. The Deputy Vice Chancellor & Principal

The Deputy Registrar

The Head HRM

**APPLICATION FOR ANNUAL LEAVE**

**Section A. (to be completed by applicant)**

1. Name……………………………………………………………………………………………………………………………………………………
2. Department/Division………………………………………………………………………………………………………………………….
3. College/institution………………………………………………………………………………………………………………………………
4. Present Salary………………………………………………………………………………………………………………………………………
5. Date returned from last leave……………………………………………………………………………………………………………..
6. Duration……………………………………………………………………………………………………………………………………………….
7. Balance of leave brought forward…………………………………………………………..……………………………………………
8. Leave earned during current year………………………………………………………………………..……………………………….
9. Total leave due………………………………………………………………..……………………………………………………………………
10. Less leave days already granted in respect of UPA……………………………………………………………………………….
11. Days forfeited through noncompliance of policy……………………………………………………………………… days
12. Proposed date of departure……………………………………………………..…………………………………………………………
13. Proposed date of resumption of duty…………………………………………………………………………………………………..
14. Leave address……………………………………………………………………………………………………………………………………

…..…………………………………… …………………………………………..

Date Signature

**Section B (to be completed by Head of Department)**

I recommend that……………………………………………………………………………………………………….. take leave as follows

1. Total leave due………………………………………………………or (b)………………………………………………………………. Days
2. And (c) number of days to be deferred…………………………………………………………………………………………

…………………………………………………………… ……………………………………………………………………..

Date Signature

**SECTION C (TO BE COMPLETED BY REGISTRAR/VICE-CHANCELLOR AND PRINCIPAL**

I APPROVE THAT…………………………………………………….. Days leave be taken by staff member

……………………………………………………….. ………………………………………………………..

Date Signature