GHANA TECHNOLOGY UNIVERSITY COLLEGE
APPLICATION FOR LEAVE FORM

PART A - APPLICANT

Full Name………………………………………………………………………………Department……………………………………………………

Staff No…………………………..Level………………………………………Job Title……………………………………………………

Type of leave:          Annual Leave □              Compassionate Leave □            Maternity Leave □        Casual □

Duration of Leave ………………………………..Days            Total Leave Entitlement (s)…………………………………….

From…………………………………to………………………             Date of Resumption………………………………………………

Alternative Tel. No. (Emergency cases only)…………………………………………………………………………………………

Contact Name………………………………………………………………………… Relation …………………………………………………

Signature of Applicant…………………………………………………………Date……………………………………………………

PART B - HEAD OF APPLICANT’S DEPARTMENT

Duties to be covered by…………………………………………………………………………Grade……………………………………………

a.  Recommended □  b.  Not Recommended □

Reason(s) If not recommended:………………………………………………………………………………………………………………

Name:………………………………………………………Signature……………………………………Date:………………………………

PART C - HR DEPARTMENT

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<tr>
<th>Leave entitleent</th>
<th>Leave brought forward from previous year</th>
<th>Leave taken this year</th>
<th>Leave applied for</th>
<th>Leave balance</th>
<th>Date of resumption</th>
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b.  Recommended □  b. Not Recommended □

Justification/Reason for recommending or not recommending………………………………………………………………………………………

Name:………………………………………………………Signature……………………………………Date:………………………………

PART D – APPROVAL - PRESIDENT/ VICE PRESIDENT/ REGISTRAR

a.  Approved □  b. Not Approved □

Justification/Reason for approving or not approving…………………………………………………………………………………………

Name:………………………………………………………Signature……………………………………Date:………………………………