## **LEAVE APPLICATION FORM**

						Date:
ı to grant me leave for	the days a	ıs detaile	d below:			
Member's Details						
			ERP Code:			
			Name of Head of Department or		ent or	
Department / Function						
School			Name of School Director / Head of Enabling Function			
Leave Type ( CL/EL /ML/PL/AL)		From		То	Duration ( No of Days)	
or leave:						
ow will your work be managed during your leave period?  Dates Particulars of task / class Details of alternate arrangements						
1 artioulars of task	17 01000			III3 OF AILOTTIALO AT	rangom	ento
ails during leave:			Mo	hila No:		_
Address:			IVIO	JIIE INO.		
the Member :						
partment or Reporting	Manager:					
me:			Signature:			
Head of Enabling Fun	ction or Pre	sident o	r Vice Ch	ancellor (if and as	s applica	able):
Name:			Signature:			
	Member's Details  t / Function  e ( CL/EL /ML/PL/AL)  or leave:  r work be managed du Particulars of task  ails during leave:  the Member :  partment or Reporting	Member's Details  t / Function  e ( CL/EL /ML/PL/AL)  or leave:  r work be managed during your leave ails during leave:  the Member:  partment or Reporting Manager:	Member's Details	ERP Code   Name of Reporting   Name of State   Frunction   Name of State   N	Member's Details    ERP Code:   Name of Head of Department Reporting Manager	Member's Details    ERP Code:

