ADA COLLEGE OF EDUCATION
LEAVE APPLICATION FORM

DETAILS OF STAFF

NAME: .....

GRADE/RANK: .....

DEPARTMENT/UNIT: .....

LEAVE TYPE	ENTITLEMENT (STATE THE NUMBER OF DAYS)	LEAVE PERIOD (DATE)
Annual Leave	SSA (40 Days) [ ] SSB (36 Days) [ ] Junior (28 Days) [ ] (NB: Tick appropriately)	
Maternity Leave	Female Staff Only 3 months with full pay (Extra 3 months extension without pay	
Examination Leave	All Qualified Staff (Examination period plus 4 additional days)	
Casual Leave	10 Days maximum	
Special Leave	5 Days maximum	
Sick Leave	Employees with more than one year's continuous service (6 months full salary), further review up to 6 months on half salary by the College Council. Employees with less than one (1) year's continuous service (2 months, further review up to 2 months on half salary by the College Council).	

State No. of Days already taken (Annual Leave):.....

Applicant's Signature ..... Date:.....

B. IMMEDIATE SUPERVISOR'S RECOMMENDATION

a. Recommended [ ]

b. Not Recommended [ ] Reason: .....

Name: ..... Signature: ..... Date: .....

OFFICIAL USE

i. No. of Days Requested: .....

ii. No. of Days to be Granted: .....

iii. Outstanding No. of Days (if any): .....

iv. Date to return to work: .....

PROCESSED BY HEAD OF HUMAN RESOURCES

Name: ..... Signature: ..... Date: .....

APPROVED BY REGISTRAR

Name: ..... Signature: ..... Date: .....