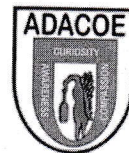




ADA COLLEGE OF EDUCATION **LEAVE APPLICATION FORM**



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

- No. of Days Requested:
- No. of Days to be Granted:
- Outstanding No. of Days (if any):
- Date to return to work:

PROCESSED BY HEAD OF HUMAN RESOURCES

Name: Signature: Date:

APPROVED BY REGISTRAR

Name: Signature: Date: