



ACK NAIROBI DIOCESE

LEAVE APPLICATION FORM

(TO BE FILLED IN TRIPPLICATE 3 COPIES)

NAME Cell Phone No.....

DESIGNATION.....

DEPARTMENT/PARISH.....

I wish to apply for:

- | | |
|--|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Compassionate Leave |
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Sick Leave |
| <input type="checkbox"/> Paternal Leave | <input type="checkbox"/> Others, Specify..... |

I will be relieved off my duties by: Cell Phone No:

Signature of Reliever: Date:

Signature of Applicant:Date:

No. of Leave Days Entitled	No. of Leave Days Available	Leave Days applied for	Leave Days Balance

Commencing..... to

to report back on

Leave Approved by:

1. Archdeacon/Vicar/Dept. Head:

Signature:..... Date:

2. Human Resource Manager:

Signature:..... Date:

3. Bishop/Admin. Secretary:

Signature:.....Date:

Terms and Conditions

The Applicant will be required to submit this form duly completed at least 14 days before preceding for leave. It is an offense to proceed on leave before the approval. Annual leave is not accumulative, if not taken during the calendar year, it shall be forfeited.