JUDICIAL SERVICE

Leave Application Form For Employees

Date:……

NAME:.....**RANK: …….**

DEPARTMENT / STATION / COURT:.....

(i.e. **HR Dept / District/ Circuit**)

TYPE OF LEAVE REQUIRED:

I wish to apply for ..... working day(s) …… Leave for the year ..... with effect from
(state type of leave)
.....…… to.....

If approved, I shall resume duty on: .....…….....

My Leave Contact Address / Phone No. is: ….....…….....

Previous Leave Granted in The Year (No. of Days): …… **Signature**: .....

HEAD OF DEPARTMENT

I recommend that all / part of the Leave be granted for ..... working days.

Leave to be taken from ..... to .....…….....

…… should be in position to cover during this period
Name of Officer Relieving

SIGNATURES:

…… ……...
Relieving Officer **Head of Department**

HUMAN RESOURCES DEPARTMENT/REGIONAL ADMINISTRATION

Leave Applied for: ..... working days …….. leave
(Type of leave)

Leave Outstanding: .....

Leave Recommended: .....

Balance Outstanding: .....

Signature of DHR/RAO: .....

APPROVAL

Granted / Denied/ Other: .....
(Delete as appropriate)
Judicial Secretary/DJS/ DHR : .....
Delete as appropriate)