



STATE UNIVERSITY OF ZANZIBAR
LEAVE APPLICATION FORM

SECTION A: (TO BE COMPLETED BY THE FOREIGN EMPLOYEES TWO WEEKS BEFORE THE DATE REQUESTED TO START LEAVE)

Personal Details

Full Name .....Designation.....

Work station .....

Leave Request

I request annual leave [ ] emergency leave [ ] number of days [ ] from..... to .....

Contact Details Whilst on Leave

Phone Number ..... Email Address .....

Signature ..... Date .....

SECTION B1: RECOMMENDATION FOR LEAVE (TO BE COMPLETED BY RESPECTIVE SUPERVISOR)

[ ] I recommend the above leave as requested.

[ ] I recommend the above leave with the following changes

Days recommended ..... Starting date of leave .....

[ ] I do not recommend the above leave to be granted for the following reasons:

Name ..... Designation .....

Signature ..... Date .....

SECTION B2: RECOMMENDATION FOR LEAVE (TO BE COMPLETED BY DEPUTY VICE CHANCELLOR - ACADEMICS, RESEARCH AND CONSULTANCY)

[ ] I have no objection on leave request as recommended by supervisor

[ ] I agree with the following changes

Days recommended..... Starting date of leave .....

[ ] I do not agree with supervisor's recommendations for the following reasons:

Name ..... Designation .....

Signature ..... Date .....

SECTION C: LEAVE DETAILS (TO BE COMPLETED BY HUMAN RESOURCE OFFICER AT SUZA HEADQUARTER TUNGUU)

Leave Review

Table with 3 columns: Item (i-vii), Description, and Value/Date. Rows include: Date of last leave taken, Number of days taken, Number of days taken for emergency leave, Leave outstanding, Leave requested (Days), Number of days to be granted for the leave, Eligible for allowance / Not eligible.

Name ..... Signature .....

Designation ..... Date .....