

LEAVE APPLICATION FORM



1. No employee shall take leave before it has been fully approved.
2. Employees leaving the Zimbabwean boarder at any time should obtain board approval

Section A– To Be Filled In By The Employee

Name in full			
Department		Position	

Leave Details– Check the relevant leave

Leave Sought	X	Annual		Sick		Special		Maternity		Professional	
Maximum Days	#		30		90		12		98		7

State Reason in Brief:

Accrued annual leave shall not exceed 90 days. Leave not taken beyond 90 days will be forfeited

Duration	From		To		Total Days	
Accumulated	Total Days		Ad Board Action			
Signature				Date in Full		

Section B– To Be Filled in by the Supervisor

Recommendation	Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	Postponed	<input type="checkbox"/>
Days	From		To		Total Days	
HOD Signature				Supervisor II		
Date			Date			

Section C– FOR OFFICE USE ONLY

Recommendation	Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	Postponed	<input type="checkbox"/>
Days	From		To		Action No:	
Signature				Position		Date in Full

Section D– Actual Leave Details

Leave Taken	From		To		Total Days	
Days Status	Outstanding		Excess		Total Days	
Reason(s)						
Supervisor	Signature				Date in Full	
HRM	Signature				Date in Full	