

METHODIST UNIVERSITY COLLEGE GHANA

(APPLICATION FOR ANNUAL LEAVE)

Name:.....

Rank/Position:.....

Department/Section:.....

Maternity/Annual Leave (Tick as appropriate)

Date of Last Leave:.....

Applicant's Signature:..... Date:.....

Current leave entitlement	Outstanding Leave/Over-time	Days already taken	Approved days to be taken	Leave Period		Date of Resumption
				From	To	

TO BE COMPLETED BY HEAD OF DEPARTMENT/SECTION/UNIT

I certify that Very Rev. Prof. Dr. Mr./Mrs./Ms. is proceeding on leave as stated above.

.....

DATE

.....

HEAD OF DEPT./SECTION/UNIT

TO BE COMPLETED BY THE HR/GENERAL ADMIN. REGISTRAR

We write to indicate that applicant has exhausted/not exhausted his leave days. His/ Her leave is therefore recommended/not recommended for approval.

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HR/GEN. ADMIN. REGISTRAR

TO BE COMPLETED BY REGISTRAR

We write to inform you that your leave for.....is approved/ Not Approved/Amended/Deferred.

DATE:.....

.....

REGISTRAR

cc: Principal
Vice Principal
Head of Department