



GHANA TECHNOLOGY UNIVERSITY COLLEGE

APPLICATION FOR LEAVE FORM

PART A - APPLICANT

Full Name.....Department.....

Staff No.....Level.....Job Title.....

Type of leave: Annual Leave Compassionate Leave Maternity Leave Casual

Duration of LeaveDays Total Leave Entitlement (s).....

From.....to..... Date of Resumption.....

Alternative Tel. No. (Emergency cases only).....

Contact Name..... Relation

Signature of Applicant.....Date.....

PART B - HEAD OF APPLICANT'S DEPARTMENT

Duties to be covered by.....Grade.....

a. Recommended b. Not Recommended

Reason(s) if not recommended:.....

Name:.....Signature..... Date:.....

PART C - HR DEPARTMENT

Leave entitlement	Leave brought forward from previous year	Leave taken this year	Leave applied for	Leave balance	Date of resumption

b. Recommended b. Not Recommended

Justification/Reason for recommending or not recommending.....

Name:.....Signature..... Date:.....

PART D – APPROVAL - P ESIDENT/ VICE PRESIDENT/ REGISTRAR

a. Approved b. Not Approved

Justification/Reason for approving or not approving.....

Name:.....Signature..... Date:.....

