

TAI SOLARIN UNIVERSITY OF EDUCATION, IJAGUN



Staff No:.....

Date:.....

APPLICATION FOR ANNUAL LEAVE

SECTION A

I hereby apply for my Annual Leave as stated below:

- 1. Name of Officer: (Surname First).....
- 2. Designation:.....
- 3. Salary Grade Level:.....
- 4. College/department/Unit:.....
- 5. Date of First Appointment:.....
- 6. Date Resumed Duty from Last Leave:.....
- 7. Leave Year Currently Being Applied For:.....
- 8. Leave Due for the Current Year:.....
- 9. Deferred Leave (Quoting Authority for Deferment:.....
- 10. Total Leave Due (Total 8 & 9):.....
- 11. Date Leave to Commence:.....
- 12. Address While on Leave:.....
.....
- 13. State Where Spouse is Working:.....
- 14. Phone Number While on Leave:.....
- 15. i. Next of Kin: Name in FullRelationship.....

ii. Next of Kin: Name in FullRelationship.....

Signature of Applicant:.....

Date:.....

SECTION B

Registrar

I recommend that Dr./Mr./Mrs./Miss/.....

be released on leave as follows:

Number of Days to be granted:.....

Date Leave should commence:.....

Date Officer should resume duty:.....

I also certify that the schedule of duties of the applicant will be adequately covered by:

.....

HOD’s Name:.....Sign & Date:.....

Dean’s Comments (where applicable):.....

Dean’s Name:.....Sign & Date:.....

Vice-Chancellor’s Approval/Comment (where applicable).....

SECTION C
(FOR ESTABLISHMENT’S OFFICE USE)

Ref. No. TASUED/.....

Number of Leave Days Recommended:.....

Deduction from Leave for:

(a) Sick Leave in excess of maximum period allowed:.....

(b) Casual Leave:.....

(c) Leave Now Due:.....

Number of Deferred Leave Days:.....

Outstanding Accumulated Leave Days:.....

Date of Commencement:.....

Date of Expiration:.....

Date of Resumption:.....

.....
Officer-in-Charge

.....
Registrar’s Remark

.....
Registrar’s Sign & Date