

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:.....
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