TAI SOLARIN FEDERAL UNIVERSITY OF EDUCATION, IJAGUN

Staff I.D:……

Date:……

APPLICATION FOR ANNUAL LEAVE

SECTION A

I hereby apply for my Annual Leave as stated below:

1. **Name: Prof/Dr/Mr/Mrs/Miss/Ms:……**
2. **Designation:…… 3. Sex:……**
4. **Salary Grade Level:……**
5. **College/department/Unit:……**
6. **Date of First Appointment:……**
7. **Date Resumed Duty from Last Leave:……**
8. **Leave Year Currently Being Applied For:……**
9. **Leave Due for the Current Year:……**
10. **Deferred Leave (Quoting Authority for Deferment:……**
11. **Total Leave Due (Total 9 & 10):……**
12. **Date Leave to Commence:……**
13. **Address While on Leave:……**

……

14. **State Where Spouse is Working:……**
15. **Phone Number While on Leave:……**

16 **i. Next of Kin:: Name in Full ……Relationship……**

ii. Next of Kin:: Name in Full ……Relationship……

Signature of Applicant:……Date:……

SECTION B

Registrar

I recommend that Prof./Dr./Mr./Mrs./Miss/Ms……

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 HUMAN RESOURCES MANAGEMENT DIVISION'S OFFICE USE)

Ref. No. TASFUED/……

Number of Leave Days Recommended:……

Deduction from Leave for:

Sick Leave in excess of maximum period allowed:……

CasualLeave:……

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