

APPLICATION FOR LEAVE TO ATTEND EXAMINATIONS OR GRADUATION

Staff Number: _____ Ext: _____ Full Time Part Time

Family Name: _____ Other Names: _____

Faculty/Office: _____ Department: _____

Position Title: _____ Position No: _____ Hrs/Week: _____

Course being studied: _____ Institution: _____

Year completed or to be completed: _____

EXAMINATION LEAVE SOUGHT:

Subject	Number of Days	Dates		
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___
		___ / ___ / ___	to	___ / ___ / ___

GRADUATION CEREMONY:

Date of Graduation: ___ / ___ / ___ Half Day Leave Full Day Leave

Signature of Staff Member: _____ Date: ___ / ___ / ___

Recommended (Supervisor): _____ Date: ___ / ___ / ___

Leave Approved (Head of Dept./Office): _____ Date: ___ / ___ / ___

Copy of Approval provided to Staff Member / **Recorded** in Faculty/Office: _____ (inits) ___ / ___ / ___

HR USE ONLY:

Filed: _____(inits) Date: ___ / ___ / ___