



**CENTRE FOR MATHEMATICS, SCIENCE AND TECHNOLOGY EDUCATION IN AFRICA
(CEMASTE A)**

APPLICATION FOR COMPASSIONATE LEAVE

This application form should be completed by all staff seeking leave on compassionate grounds.

PART 1

Applicant's nameTSC/Personal NoDate.....
DepartmentLeave duration.....(days) from (date).....to (date).....
Reasons

CONTACT DURING PERIOD OF LEAVE

Postal address.....
Mobile tel No...Signature of Applicant.....

PART II

WORK/ASSIGNMENTS HANDED OVER DURING MY LEAVE

DETAILS OF WORK/ASSIGNMENTS	OFFICER TAKING OVER (Name, Signature & Date)

PART III

DEAN OF STUDIES/ HEAD OF SECTION

The leave application is recommended/not recommended

Remarks (reasons).....

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

PART IV

HUMAN RESOURCE OFFICER

Total No of days entitled to in the year.....No of days taken..... No of days applied for..... Bal.....

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

PART V

DEPUTY DIRECTOR TRAINING/ HEAD OF DEPARTMENT

The leave application is recommended/not recommended

Remarks (reasons).....

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

PART VI

DIRECTOR/ DEPUTY DIRECTOR

This application is approved/not approved

Remarks (reasons).....

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