



LEAVE APPLICATION FORM

*Pursuant to article 19 of the Law N° 86/2013 of September 11th, 2013
regulating statute of the Rwandan public function,*

Employee Name:	Date:
Department:	Position:
Name of the Acting Person:	Employee Signature:
Leave requested: <input checked="" type="checkbox"/> Annual Leave <input type="checkbox"/> Incidental Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave	
Dates for Leave: Commence on: _____ Days taken: _____ Last Day of Leave: _____ Remained Days: _____	
Attached: <input type="checkbox"/> Annual Leave Plan <input type="checkbox"/> Other support documentation, please specify:	
Authorized by: <i>Line Manager</i> Name and Signature _____	Verified by: <i>Director of Administration and HR.</i> Name and Signature _____

Approved by: *PRINCIPAL OR CAMPUS ADMINISTRATOR*
 Name and Signature _____

Date: _____