

# BONDO TECHNICAL TRAINING INSTITUTE



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## LEAVE APPLICATION FORM

(To be filled in duplicate)

To be submitted 7 days before the leave is due to commence.

1. To be completed by the applicant.

Name: ..... P/No:  
.....  
Designation: ..... Department:  
.....Last leave taken: from.....to.....  
Leave type  
required.....from.....to.....  
Signature of applicant: ..... Date: .....

2. To be completed by the Head of Department.

Recommendation: .....  
During his/her absences, his/her duties will be carried out by.....  
who has been informed  
by.....on.....(date).  
Signature: ..... Date:  
.....

3. To be completed by the Human Resource Department.

Leave entitlement for year.....  
Leave days previously taken.....Total leave  
entitlement.....  
Leave applied for.....Days applied  
for.....  
Remarks.....  
.....starting from  
.....to.....  
Date of resumption of duty .....Leave balance carried forward.....  
Signature: ..... Date: .....

4. Approval by the Principal.

Remarks: .....  
Approved/Not approved  
Signature:.....Date:.....