

BONDO TECHNICAL TRAINING INSTITUTE



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LEAVE APPLICATION FORM

(To be filled in duplicate)

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.
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.....