

ST. MARTIN'S CATHOLIC HOSPITAL – AGROYESUM

ANNUAL LEAVE FORM

Name:

Job Title:

Dept:

Date Of Appointment:.....Date Of Last Leave.....

Year OF Leave: No. Of Days Plus.....Extra of Days

Date on Which Leave Is To Begin:

Address on Leave:

Tel:

.....

(UNIT HEAD'S SIGN)

(EMPLOYEE'S SIGN)

.....

DATE

FOR OFFICIAL USE ONLY

With reference to your application, leave is approved as follows:

Number of leave days granted:

Date of which leave is to start:

Date of resumption:

.....

(HEAD OF DEPARTMENT)

(APPROVING OFFICER, I/C)