

SECTION B: LEAVE REVIEW (to be completed by Head of Department/Section/Unit)

B1) Review of Leave Records.

(i) Dates of last leave taken/...../..... To...../...../.....to
(ii) Number of days takenDays
(iii) Leave outstanding in the current leave periodDays
(iv) Leave outstanding from previous leave periodDays

SECTION B: LEAVE REVIEW (to be completed by Head of Department/Section/Unit)

B2) Recommendation for Leave (Tick box as applicable)

- I recommend the above leave as requested
- I recommend the above leave with following changes.....
- I do not recommend the above leave to granted for the following reason.....

.....

Name: Signature:

Designation:Date:/...../20.....

SECTION C: APPROVAL DECISION (To be completed by the authorizing officer)

(i) I approve/deny the above leave request (ii) If denied give reasons below.....

(ii) Name: (iv) Signature:

(v) Designation..... (vi) Date:/..... /20