

APPLICATION FOR ANNUAL LEAVE FOR OFFICERS OTHER THAN PRINCIPAL SECRETARIES (TO BE COMPLETED IN TRIPLICATE)

		Name
		P/No
		Designation
		Date
Minist State of P. O. 1	Principal Secretary stry Of Interior and Coordination of National of department for correctional services Box 30478 – 00100 ROBI	Government
Γhro'	,	
	LICATION FOR ANNUAL LEAVE be submitted at least 30 days before comments	ncement of leave)
	Part	1
	(To be completed b	y the applicant)
	I wish to apply for days annual leave My leave address will be:	
3.	Telephone number	For the month of

	c. Be included in the payroll of		
	Date	Signature	
6.	PART 11 (To be completed by the head of department) (a) Recommended. arrangements will be made for the performance of the duties of the above officer during his/her absence: (b) Not recommended for the following reasons:		
	Station	Signed	
	Doloto og omrligeble		

Delete as applicable*