

REPUBLIC OF KENYA

When replying please quote

REF. NO.....



ISIOLO COUNTY GOVERNMENT

P.O BOX 36 – 60300

ISIOLO

www.isiolo.go.ke

DATE:

APPLICATION FOR ANNUAL

Name:

Designation:

Home Address:

.....personal NO.....of

.....Department wish to apply for.....Days for the.....

Leave from my accumulated led ofdays.

If approved I would like to leave to commence on

Signature.....Date.....

RECOMMENDATION BY SECTION HEAD

I recommend/do not recommend.....days leave with effect from

He/She will be relieved by

Mr./Mrs./Miss.....

Designation.....Department

Signed..... Designation.....Date

RECOMMENDATION BY THE HEAD OF DEPARTMENT.

I recommend/do not recommenddays leave with effect from

VERIFICATION BY THE ADMINISTRATION OFFICE/HUMAN RESOURCE OFFICER

Total accumulated leave.....days up to.....

Recommended days.....Balance.....

Signed.....date.....

ADMINISTRATIVE OFFICER/HRO

Note:

- 1. An applicant who does not take his or her annual leave in any particular year will forfeit half entitlement and only HALF will be carried forward to the following year.
2. Application for leave must be submitted at least one month before the date of commencement of leave in order to obtain approval and on one proceed on leave before obtaining the approval.
3. Application form to be filled in duplicate.