



# UNIVERSITY OF EASTERN AFRICA, BARATON

## Office of the Human Resource Manager

P.O Box 2500-30100, Eldoret, Kenya  
FAX: 254-20-8023017

TEL: +254 719 617 584/ +254 770 097 859  
EMAIL: [hrm@ueab.ac.ke](mailto:hrm@ueab.ac.ke)

### LEAVE APPLICATION FORM

#### 1. PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_ PR No \_\_\_\_\_  
Terms of Service \_\_\_\_\_ Department \_\_\_\_\_  
Local contact address \_\_\_\_\_  
County/Town \_\_\_\_\_ Mobile no \_\_\_\_\_

2. CHURCH RECORD SERVICE \_\_\_\_\_ (YEARS)

3. NATURE OF LEAVE: Annual/Maternity/Compassionate/Overtime Compensation/Other \_\_\_\_\_ (Specify)

Maximum leave days eligible \_\_\_\_\_  
Leave applied with effect from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Total number of days applied for \_\_\_\_\_  
Balance of days carried forward \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 4. HEAD OF DEPARTMENT COMMENTS AND RECOMMENDATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 5. RELIEVER (Arrangement by H.o.D in Consultation with HRM)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Reliever \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 6. HUMAN RESOURCE MANAGER'S COMMENTS (where applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Stamp \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_