BABCOCK UNIVERSITY HUMAN RESOURCES DEPARTMENT REQUEST FOR ANNUAL LEAVE

Date:	
Name:	GSM No:
School/Division:	Department:
Status/Position:	BU Intercom No:
Date you started work at BU:	Total years of service:
Leave entitlement: Weeks	Maternity Leave due this year? Yes/No
I hereby apply for my Annual Leave for the year	as follows:
(i) From to	Resume on
(ii) From to	Resume on
I have already made arrangements for my work with my su	pervisor as indicated below.
Please are you planning to withdraw your services from BU	J this year or proceeding on minimum of two months
leave of absence? Yes No	
If "yes" from what date? Reason:	·
Signature	
Approved	d By
HOD/Supervisor: Dean/Division He	ead:Bursar:
SVP/DVC Acad.(for Academic Division only):	DHR:
• Upon resumption, please report to HR to complete t	the payroll-related Resumption of Duty Form.
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