



# UNIVERSITY OF EASTERN AFRICA, BARATON

A Chartered Seventh-day Adventist Institution of Higher Learning

## NON-TEACHING STAFF

### ABSENCE FROM CAMPUS REQUEST FORM

NAME ..... DEPARTMENT .....

DEPARTURE DATE ..... TIME ..... DESTINATION .....

CONTACT ADDRESS ..... TELEPHONE NO: .....

EXPECTED RETURN DATE ..... TIME .....

REASONS (TICK WHICHEVER IS APPLICABLE):

- OFFICIAL (STATE) .....
- OTHER (STATE) .....
- PERSONAL

IF ABSENCE INCLUDING WORKING DAYS INDICATE THE ARRANGEMENT FOR SERVICE DELIVERY

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SIGNATURE, INDIVIDUAL STAFF	DATE	SIGNATURE, H.O.D	DATE

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SIGNATURE-HRM	DATE	SIGNATURE, DVC- FINANCE	DATE

**SIGNATURE NEEDED:**

- |                     |   |
|---------------------|---|
| UP TO 24 HOURS      | HEAD OF DEPARTMENT                              |
| UP TO 48 HOURS      | HEAD OF DEPARTMENT AND HRM                      |
| UP TO 120 HOURS     | HEAD OF DEPARTMENT, HRM, AND DVC – FINANCE      |
| MORE THAN 120 HOURS | FILL LEAVE REQUEST FORM (If reason is personal) |

The request to the Administrative Board must reach the HRM by 12:00 (noon) on Monday.

With the exception of emergency cases, this form must reach the final appropriate authority 24 hours before the time of departure

Do not leave until appropriate signature(s) has/have been obtained.

**FOR ADBOARD USE ONLY (WHEN REQUIRED)**

ADBOARD ACTION ..... DATE .....