



UNIVERSITY OF EASTERN AFRICA, BARATON

Office of the Human Resource Manager

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FACULTY 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'S COMMENTS AND RECOMMENDATION

Name _____ Signature _____ Date ____ / ____ / ____

5. SCHOOL DEAN'S COMMENTS (where applicable)

Name _____ Signature and Stamp _____ Date ____ / ____ / ____

6. DVC – ACADEMIC AFFAIRS' COMMENTS (where applicable)

Name _____ Signature and Stamp _____ Date ____ / ____ / ____

7. RELIEVER (Arrangement by H.O.D in Consultation with HRM)

Name of the Reliever _____ Signature _____ Date ____ / ____ / ____

8. HUMAN RESOURCE MANAGER'S COMMENTS (where applicable)

Name _____ Signature and Stamp _____ Date ____ / ____ / ____