

**PRESBYTERIAN HEALTH SERVICES
AGOGO HOSPITAL**

STAFF ANNUAL LEAVE APPLICATION FORM

PART I

Name of Applicant: Grade:
Department/Unit: Hometown:
Date returned from last leave:
Number of leave days: Number of deferred leave days due:.....
Number of days applied for:
Proposed date of departure on leave:
Year for which leave is applied for:
Address while on leave/Phone/e-mail:

Signature of Applicant:
Date:

PART II

RECOMMENDATION BY HEAD OF DEPARTMENT
(This part should be countersigned by the Unit Head if Applicable)

Application Recommended/Not Recommended
If not recommended, give reason (s):
.....
Number of leave days recommended:

UNIT HEAD

HEAD OF DEPARTMENT

Rank: Rank:
Signature: Signature:
Date: Date:

PART III

APPROVAL BY GENERAL MANAGER/PRINCIPAL HUMAN RESOURCE MANAGER

Application approved/not approved
If not approved, give reason (s):
Number of Leave days granted: Start date:
Date of Resumption of duty:

Rank:
Signature:
Date: