



MOUNTAIN TOP UNIVERSITY

APPLICATION FORM FOR VACATION LEAVE

File Ref:

Leave Year:

PART A

To be completed by the Officer

The approval form must reach the Vice-Chancellor not later than the first week of the month in which the leave is to be started.

1. (a) Surname:
2. (b) First Name:.....Middle Name:.....
3. Designation:
4. Grade Level: Marital Status:
5. Registered Domicile and Address:
.....
6. Date assumed/ last resumed duty:
7. Date to proceed on leave:
8. Correspondence Leave Address:
.....

Date: Signature:

PART B

To be completed by the Head of Department

9. Recommended (See No. 7 above): Approved/Deferred.....
10. If deferred and approved please state reason(s):
.....

.....
Date and Official Stamp

.....
Signature

Vice-Chancellor's Decision: Approved
Not Approved
Deferred.....