

Total no. of days approved

## **MANAGEMENT SERVICES DIVISION**

## APPLICATION FOR SUBSTITUTIONAL LEAVE

				Date
Name :		Staff No:		
Position :				
Department :				
DAY / DATE	TASK PERFORMED	DURATION		TOTAL
		FROM	UNTIL	HOURS
	(Applicant's Signature) Total Hours		l Hours	

1. All Substitutional leave must be utilised within six (6) months from the date of approval or before the year end which ever is earlier since the leave cannot be brought forward to the following year.

Approving Authority's Signature

**Approved Date** 

- 2. 2. The application for substitutional leave must be submitted within a period of three (3) months from the date the tasks were performed.
- 3. 3. The application must be attached with supporting document i.e letter of instruction for each of the tasks performed.