



NGOMA DISTRICT

Leave of Absence

Note that, this Authorization is authentic and valid only if Approved by the District Executive Secretary or Director of Administration & HR, you are asked to submit an approved copy to the HR's Office for filing:

Employee Name ----- Date-----
Position ----- Unit-----
Signature-----

Kind of Leave:

Annual leave starting date from -----/-----/2020 to -----/-----2020
No of days requested ----- No of days remaining-----

Maternity leave date of Birth -----/-----2020 end of leave -----/-----2020
Signature-----

Name of employee to assume your duties during your absence -----
Employee Signature-----date:-----

For Official Use Only

Approved []
Not Approved []

Supervisor's Name-----Signature & date-----

Comment:-----

Director of Health-----Signature & Date -----

Director of Administration & HR -----Signature & Date -----

Comments-----

Executive Secretary of District -----Signature & Date -----

Comments-----

Vice Mayor(ED/AFSD)-----Signature & Date -----

Comments-----

Mayor of District-----Signature & Date -----

Approved []
Not Approve []