

REPUBLIC OF RWANDA



NGOMA DISTRICT

Authorized 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 HR's Office for filing:

Employee Name -----Date-----

Position ----- Unit-----

Reason for Absence:

Incidental leave (kind of Incidental Leave) -----

Eligible number of days [ ]

Day off Reason -----

From /date ...../.....2020 to/date ...../.....2020

Number of Hours/ morning hours [ ] Afternoon hours [ ]

Employee Signature-----date:-----

For Official Use Only

Approved [ ]
Not Approved [ ]

Comment:-----

Supervisor's Signature: ----- date-----

Approved [ ]
Not Approved [ ]

E.S's Comment:-----

E.S's Signature..... Date -----