



UGANDA WILDLIFE SOCIETY

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STAFF LEAVE FORM

This form should be completed in **triplicate** by all staff. Leave shall be calculated and dealt with as stipulated in the personnel manual.

SECTION 1: TO BE COMPLETED BY APPLICANT

Full Name

Department (tick the appropriate; Executive Secretary, Human Resource Finance and Administration, Research and Development).

Designation

Date of return from last leave

Type of leave required

Number of days taken during last leave..... Balance.....Days

Present leave entitlementDays

Leave now requiredDays

Fromto.....

Address while on leave

Accompanied by (i) By Spouse

(ii) Children: NameAge

.....Age

.....Age

.....Age

Signature of applicant Date

SECTION II: TO BE COMPLETED BY THE SUPERVISOR

Balance outstanding at last leave =Days

Leave due from to =Days

TotalDays

Leave now applied forBalanceDays

I certify that the applicant is entitled to leave applied for and recommend that leave be granted.

Signature Date

SECTION III: TO BE COMPLETED BY THE ACCOUNTANT

The applicant's transport entitlement

Signature Date

SECTION IV: TO BE COMPLETED BY THE EXECUTIVE SECRETARY FOR STAFF AND BY THE CHAIRPERSON FOR THE EXECUTIVE SECRETARY.

- (i) Leave is **approved/not approved**, as amended above (*tick the appropriate*).
- (ii) The leave taken is up to
- (iii) Incase leave is not approved please give reasons
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Signature Date