



**CAPE COAST  
TEACHING HOSPITAL**  
WORKING TOGETHER FOR GOOD HEALTH



## ANNUAL LEAVE SCHEDULE FORM

| No | Name | Grade | Staff ID | Annual Leave Entitlement<br>No. of Days | Deferred Leave<br>(previous yr.)<br>No of Day | Start Date | End Date |
|----|------|-------|----------|---|---|------------|----------|
|    |      |       |          |   |   |            |          |
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Name of Unit Head: ..... Signature: .....

- Note: Annual leave entitlement is the approved leave for one calendar year, unless the previous year's leave has been deferred with the written permission of the Head of Directorate.

