



CAPE COAST TEACHING HOSPITAL LEAVE APPLICATION FORM



| TYPE OF LEAVE (Please tick where appropriate) | Annual Leave <input type="checkbox"/> | Part Leave <input type="checkbox"/> | Maternity Leave <input type="checkbox"/> | Casual Leave <input type="checkbox"/> | Deferred Leave <input type="checkbox"/> | Compassionate Leave <input type="checkbox"/> |
|---|---------------------------------------|-------------------------------------|---|---------------------------------------|---|--|
| 1. Staff ID (<i>new one</i>): | | | 2. Surname: | | | |
| 3. First Name: | | | 4. Other Names: | | | |
| 5. Grade: | | | 6. Department /Unit: | | | |
| 7. Comments by applicant (<i>state reason why you are applying for leave</i>) optional: | | | | | | |
| 8. No of days required by applicant: | | | 9. Proposed start date: | | | |
| 10. Mobile No: | | | 11. Residential Address (<i>whilst on leave</i>): | | | |
| 12. Date of application: | | | 13. Telephone No (<i>fixed line</i>): | | | |
| 14. Applicant's signature: | | | 15. Indicate name of person responsible for applicants job schedule while applicant is on leave: | | | |
| 16. Supervisor's Comments (<i>recommended/not recommended/deferment/other explanation</i>): | | | | | | |
| 17. Immediate Supervisor's signature and name : | | | 18. Number of days recommended by immediate supervisor: | | | |

Approving Officer (For Specialists Medical Director/ For Doctors Clinical Director/For Nurses DDNS/Others Head of Admin/HR)

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| 19. Name of Approving Officer (<i>Head of Dept</i>): | 20. Rank of Approving Officer: |
| 21. Signature: | 22. Date of Approval: |
| 23. Comments (<i>No. of days approved/deferment/other comments</i>): | |

For Human Resource Department use only

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|-------------------------------------|---|
| Date Received: | Comments (<i>if leave is deferred</i>): |
| Approved Start Date: | Approved Date of Resumption: |
| Processed by (<i>HR Officer</i>): | HR Officer's Signature: |

Applicants acceptance: Signature..... Date.....

**3 copies should be completed. One copy should be placed on p/file, one on dept. file, and copy submitted to applicant*