



EXCUSE DUTY FORM

1. Personal Details

Employee N°:			
Surname:			
Other Name(s):			
Phone N°:		Email:	

(Please use name as in your official documents)

2. Occupational Details

Current Grade			
Department / Unit			
Have you already taken your annual leave	Have taken all		Have taken part

3. Type of Request (Indicate type of request being made by ticking)

Medical:	<input type="checkbox"/>	Family:	<input type="checkbox"/>	Education:	<input type="checkbox"/>	Other	<input type="checkbox"/>
Specify Other							
For medical reasons kindly attach the excuse duty sheet duly endorsed by a practicing medical officer							
Start Date	Date	End Date	Date				
	___/___/___		___/___/___				

Signature of Applicant: _____

Date Applied ___/___/___

4. Recommendation by Immediate Supervisor

Application Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
Additional Comments			
.....			
.....			
.....			
Name Supervisor.....	Date	___/___/___	Signature:.....

5. HR Office Use Only:

Head HR

Preliminary Decision: Eligible Not eligible

Recommended: Yes No

Additional Comments (If Any)

Date of Assessment / /

6. Approval by Head of Department:


Request Approved Yes No

Additional Comments (If Any)

 / /
Date of Approval

Signature

Submit a copy of application form duly completed to the HR Office. Attach the following documents:

 1 copy must be submitted after approval by supervising officer to the HR Unit, at least a day before effective date of excuse duty.