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Office of the Governor - Kisumu County,
P.O Box 2738-40100,

Kisumu

THE COUNTY GOVERNMENT OF KISUMU

Former Nyanza Provincial Headquarters Building
2nd Floor, Kisumu City

LEAVE FORM

(To be completed in triplicate and submitted to **COUNTY SECRETARY** through the Head of Department at least 14 days before the commencement date)

PART 1(To be completed by the Applicant) **DATE:**.....

NAME:..... **DESIGNATION**.....

JOB GROUP: **P/NO**..... **DUTY STATION:**

I hereby apply for Days Annual/Emergency leave w.e.f.

My address will be.....

Emergency leave reasons.....

SIGNATURE.....

FOR OFFICIAL USE ONLY

PART 11: (To be completed by Head of Department or Sectional Head thro' Head of Department)

I hereby do/do not recommend that the applicant proceeds on Days leave as Relief/No relief will be required.....**SIGNATURE:**.....**DATE:**.....

PART 111: (LEAVE COMPUTATION)

- (A) Leave Days due.....
- (B) Days granted vide part 11 above.....Days
- (C) Leave carried forward:
- (D) Date due back.....

SIGNATURE: **HUMAN RESOURCE MANAGER**

PART 1V: Leave Approved/Not Approved

Comments.....
.....**DATE**.....

COUNTY SECRETARY
COUNTY GOVERNMENT OF KISUMU