

LEAVE APPLICATION FORM

***Pursuant to article 18 of the Law LAW N° 017/2020 OF 07/10/2020 ESTABLISHING THE GENERAL STATUTE GOVERNING PUBLIC SERVANTS, and to article 46 of the LAW N° 66/2018 OF 30/08/2018 REGULATING LABOUR IN RWANDA***

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| **Employee Name:……………………………..**  | **Date: ……………………………** |
| **Department:** ……………………………….  | **Position: …………………………….** |
| **Name of the Acting Person: ………………………Employee Signature:**  |
| **Leave requested:** [ ]  Annual Leave ……/……  [ ]  Incidental Leave  [ ]  Sick Leave [ ]  Maternity Leave**Dates for Leave**:

|  |  |  |  |
| --- | --- | --- | --- |
| Commence on: | **…………………..** | Days taken: | **……………..** |
| Last Day of Leave: | **………………………** | Remained Days: | ……………….. |

**Attached:** [ ]  Annual Leave Plan  [ ]  Other support documentation, please specify: ***Authorized by****: Line Manager* Name and Signature  |

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| **Approved by**:  *Administration and HR Division Manager*Name and Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date : |