UNIVERSITY OF GHANA

STAFF ANNUAL LEAVE APPLICATION FORM

SECTION A: REGULATIONS REGARDING ANNUAL LEAVE:

- Staff should normally take their full leave every year.
- Subject to departmental convenience leave may be taken in parts, provided no part is less than (two) 2 weeks in duration.
- Application for leave should be made on the appropriate forms and processed through the Head of Department at least one month prior to departure date.
- Leave for one year may not be carried forward to the next unless in **exceptional circumstances AND with a letter of approval** from the Vice-Chancellor or the Registrar on the recommendation of the Head of Department.

SECTION B: TO BE COMPLETED BY APPLICANT IN DUPLICATE

1. Name of Applicant: ...............................................................
2. Department/Unit: ...............................................................
3. Appointment: ...............................................................
4. Status: ...............................................................
5. Current Leave Entitlement: ...............................................................
6. Part Leave Already Taken (including Accountable Casual Leave): ...........................
7. Any approved arrears of Leave brought forward from previous year: ...........................
8. Date and Reference of VC’s /Registrar’s letter approving deferment: ...........................
9. Number of days required on this application: ...............................................................
10. Date intending to commence Leave: ...............................................................
11. Date of Resumption of Duty: ...............................................................
12. Address while on Leave: ...............................................................
13. Signature of Applicant: ...............................................................

Date: ...............................................................
SECTION C: TO BE COMPLETED BY HEAD OF DEPARTMENT IN DUPLICATE

14. Please confirm /state current Leave Entitlement of Applicant: ........................................

15. Please confirm /state Part Leave granted to Applicant: ..........................................

16. Please recommend number of days to be approved on this Application: .........................

17. Please recommend date of commencement of Leave: ................................................

18. Signature of Head of Department: ..............................................................Date..............

SECTION D: TO BE COMPLETED BY THE REGISTRAR IN DUPLICATE AND ORIGINAL RETURNED TO DEPARTMENT

19. Number of Days Entitled in the Current Leave Year: ..................................................

20. Part Leave/Accountable Casual Leave Already Taken in the Year: .................................

21. Number of Days Approved On this application: .........................................................

22. Approved Date of Commencement of Leave: ..........................................................

23. Approved Date of Termination of Leave: ...............................................................

24. Approved Date of Resumption of Duty: ...............................................................

25. Application Processed by: ..............................................................Date .....................