



COUNTY PUBLIC SERVICE BOARD
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LEAVE FORM

PART I: PERSONAL DETAILS

(TO be completed in triplicate and the leave to be approved at the appropriate levels as detailed herein)

TYPE/ CATEGORIES OF LEAVE: Tick as appropriate

- 1. ANNUAL LEAVE []
2. SICK/CONVALESCENT LEAVE []
3. MATERNITY/ PATERNITY LEAVE []
4. SPORTS LEAVE []
5. LEAVE PENDING RETIREMENT []
6. UNPAID LEAVE []
7. COMPASSIONATE LEAVE []
8. SPECIAL PURPOSE LEAVE []

LAST NAME: FIRST NAME..... MIDDLE NAME.....

PERSONAL NO:

DESIGNATION: JOB GROUP: DEPARTMENT:

TEL. / MOBILE NO:

SIGNATURE: DATE:

THRO' IMMEDIATE SUPERVISOR: Leave Recommended/ Not Recommended

NAME RANK SIGNATURE DATE

PART II: APPLICATION FOR LEAVE DAYS

(To be submitted at least one week before commencement of leave)

PART 1

(To be completed by the Applicant)

- 1. No. of leave days entitled
2. I wish to apply for days fromto
3. Leave balance days
4. I understand I will require permission should I desire to spend leave outside Kenya in accordance with the relevant regulations.

PART 2

LEVEL OF APPROVAL

1. **Job group A – Q** (To be Approved by the Second supervisor)

Approved by: Name:

Designation:

Department:

Signature: Date:

2. **Job group R and above – Board Members,Secretary/CEO** (To be Approved by the Board Chairman)

Signature: Date:

3. Not recommended for the following reasons

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Signature: Date:

Designation:

His/Her duties will be performed by:

Last Name: First Name: Middle Name:

Designation: