UNIVERSITEIT iYUNIVESITHI STELLENBOSCH UNIVERSITY 100 1918·2018

forward together · saam vorentoe · masiye phambili

APPLICATION FOR LEAVE

UT Number …… Department/Division ……...
Title…… Name ……... Surname ……
Telephone ……

Leave category:	**Number of days/months:**	**Duration: (All dates included)**
Choose one	Choose one	to

([1]Working days; *[2]Months; *[3]Calendar days; *[4]Unabridged birth certificate; *[5]Needs approval from the court stating Employee is the appointed legal guardian or documents stating that the process for adoption has started; *[6]Surrogacy agreement must be submitted to the Employer)*

For any further information regarding any kind of leave types, see the policy: http:// www0.sun.ac.za/hr/documents/policies-and-procedures/#absence

Contact details while on leave:

Address ……
Telephone …… Email ……..……...

Supplementary information (use a separate page if necessary):

……
……

…….. ……..
DATE **SIGNATURE OF APPLICANT**

Recommendation:			**Approval:**	
…….. **DATE**	…… **DEPARTMENTAL HEAD / HEAD OF DIVISION**	…… **DEAN / RC HEAD**	…… **DATE**	……..... **CHIEF DIRECTOR: HUMAN RESOURCES**