



APPLICATION FOR LEAVE

UT-NUMBER: _____ TITLE, INITIALS AND SURNAME: _____

RANK: _____ DEPT./INST./DIV.: _____ TEL.: _____

LEAVE CATEGORY	NUMBER OF DAYS/ MONTHS	DURATION (all dates included)	CONTACT DETAILS WHILE ON LEAVE
1. Annual leave ¹		till	Address: Tel.: E-mail:
2. Accumulated leave ¹		till	
3. Leave of absence (LOA) ¹		till	
4. Maternity Leave ²		till	
5. Sick-leave ³		till	
6. Leave without pay (LWP) ³		till	
7. Compassionate Leave ¹		till	
8. Study Opportunity ¹		till	
9. Continuation of service elsewhere			

(¹Working days; ²months; ³calendar days)

For any further information regarding any kind of leave types, see the policy:

<http://www0.sun.ac.za/hr/documents/policies-and-procedures/#absence>

SUPPLEMENTARY INFORMATION: (use a separate page if necessary)

Signature of Applicant

Date

RECOMMENDATION:

APPROVAL:

Departmental Head/
Head of Division

Date

Dean / RC-Head

Date