

**BABCOCK UNIVERSITY
HUMAN RESOURCES DEPARTMENT**

APPLICATION FOR SICK LEAVE/FAMILY LEAVE/BEREAVEMENT LEAVE/PATERNITY LEAVE

1. Name of Employee _____
Surname *Other names*

2. Gender _____ Marital Status _____

3. Telephone no: _____ E-mail Address: _____

4. Date work began: _____ Employment Status: _____ Position/Rank: _____

6. School/Division: _____ Department _____ Unit: _____

7. Request type: Sick leave Family Health leave Paternity leave Bereavement leave

Others (specify): _____

Period of absence: from _____ to _____

Total working days of absence: _____

Previous leave already taken this year/period of annual leave

TYPE OF LEAVE	DATE STARTED	DATE FINISHED	REASON (S)

HOD/Supervisor's signature: _____ Date: _____

Dean's signature: _____ Date: _____

SVP/Head of Division's signature: _____ Date: _____

Note: Medical form from Babcock University Teaching Hospital must be attached with this form for all medical related leave (*kindly attach evidence*).

For exam leave only

1. Name of Employee _____
Surname *Other names*

2. Gender _____ Marital Status _____

3. Telephone no: _____ E-mail Address: _____

4. Date work began: _____ Employment Status: _____ Position/Rank: _____

6. School/Division: _____ Department _____ Unit: _____

7. Course study: _____ Semester: _____

8. Proposed date of completion: _____ Date (s) of proposed exam: _____

S/N	COURSE WITH COURSE CODE	DATE OF EXAM	TIME

HOD/Supervisor's signature: _____ Date: _____

Dean's signature: _____ Date: _____

SVP/Head of Division's signature: _____ Date: _____

Note: An examination and details of the course must be submitted with this form.