

BABCOCK UNIVERSITY
HUMAN RESOURCES DEPARTMENT
LEAVE OF ABSENT FORM (Fixed Sum and Daily Rated Workers)

Date.....

Name:..... Department.....

Years of service with BU..... No of days off.....

Purpose of days off

Date of Return..... Employee's Signature.....

OFFICIAL USE

Approved HOD/Supervisor Not Approved HOD/Supervisor.....

Approved DHR Not Approved DHR.....

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