

BABCOCK UNIVERSITY
HUMAN RESOURCES DEPARTMENT

The Director, Human Resources

Dear Sir,

Date: _____

MATERNITY LEAVE REQUEST

Name: _____ GSM No.: _____

Faculty: _____ Dept.: _____

Status /Position: _____ BU Intercom No.: _____

Date you started work at BU: _____ Date Birth of last child: _____

I hereby apply for maternity leave with effect from _____ to _____

I plan to resume work on _____

Doctor's projected date of confinement _____

List of children:	NAME	Date of Birth
i	_____	_____
ii	_____	_____
iii	_____	_____

Signature _____

APPROVED BY

HOD/Supervisor _____ Dean/SVP _____

Bursar _____ DHR _____

Please attach the Doctor's signed maternity leave form given to you from the hospital and the photocopy of the birth certificate of last child.

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