



SOCIAL WELFARE DEVELOPMENT PROGRAMME (SOWED KENYA)
P. O. BOX 51015 - 00200. NAIROBI, KENYA
TEL.: +254 20 2000 518
LEAVE APPLICATION FORM

SOWED Kenya

Staff name:

Department:

Staff no.:

Date:

Title:

Type of leave	From	To	Total no. of working days	Date of return from leave	Remarks	
	(dd/mm/yy)	(dd/mm/yy)				
Annual Leave					B/F :	B/C:
Sick Leave						
Maternity Leave						
Compassionate Leave						
Marriage Leave						
No-Pay Leave						
Other Leaves e.g. casual, examination – please specify : _____						

Leave contact address and telephone no. will be :

Applicant's signature :	Approved by Dept. Head :	Endorsed by Executive Director:
Date :	Date :	Date :

Leave not approved and reasons :

Note:

1. Leave will not be normally granted if application is not submitted 24 hours in advance, except sick leave.
2. Application for annual leave should be submitted 30 days before leave commences.
3. Other than annual leaves, please attach relevant supporting documents for reference.
4. If sick leave exceeds half day, medical proof should be attached.
5. Failure of applicant to resume duty after the leave period will be deemed negligence of duty and may be subject to summary dismissal by SOWED Kenya.