

LEAVE APPLICATION FORM

***Pursuant to article 18 of the Law LAW N° 017/2020 OF 07/10/2020 ESTABLISHING THE GENERAL STATUTE GOVERNING PUBLIC SERVANTS, and to article 46 of the LAW N° 66/2018 OF 30/08/2018 REGULATING LABOUR IN RWANDA***

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| **Employee Name:……………………………..** | **Date: ……………………………** | |
| **Department:** ………………………………. | **Position: …………………………….** | |
| **Name of the Acting Person: ………………………Employee Signature:** | | |
| **Leave requested:**  Annual Leave ……/……  Incidental Leave  Sick Leave  Maternity Leave  **Dates for Leave**:   |  |  |  |  | | --- | --- | --- | --- | | Commence on: | **…………………..** | Days to be taken: | **……………..** | | Last Day of Leave: | **………………………** | Days to remain : | ……………….. |   **Attached:**  Annual Leave Plan  Other support documentation, please specify:  ***Authorized by****: Line Manager*  Name and Signature | |

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| **Approved by**:  *Administration and HR Division Manager*  Name and Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date : |