



UNIVERSITY OF MINES AND TECHNOLOGY TARKWA

STAFF CASUAL LEAVE FORM

Name of Applicant:

Rank: Dept/Section/Unit:

Destination:

Purpose of Absence:

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.....

Date of Departure: Date of Return:

Number of Days Granted:

Address (While on leave):

.....

.....

Signature: Recommended/Not Recommended:

Applicant

Head of Dept/Section/Unit

Date:.....

.....
Name of Head of Dept/Section/Unit

Date:

Approved:

Registrar

Date:

TO: The Registrar
University of Mines and Technology
Tarkwa

NB: Application form must be completed in triplicate

- a) Original to the applicant
- b) Duplicate to the applicant's file at Administration
- c) Triplicate to the applicant's Head of Dept./Section/Unit