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| **APPLICATION FOR SUBSTITUTIONAL LEAVE** **Date :………………** |  |  |  |  |  |  |
| **Name :** |  | **Staff No:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Position :** |  |  |  |  |  |  |  |  |
| **Department :** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **DAY / DATE** | **TASK PERFORMED** | **DURATION** | **TOTAL** |  |  |  |  |  |  |
| **FROM** | **UNTIL** | **HOURS** |  |  |  |  |  |  |
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|   | **(Applicant's Signature)** | **Total Hours** |  |  |  |  |  |  |  |
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| **……………………..** | **……………………………….** |  **……………………** |  |  |  |  |  |  |  |
| **Total no. of days approved** | **Approving Authority's Signature** | **Approved Date** |  |  |  |  |  |  |
| 1. All Substitutional leave must be utilised within six (6) months from the date of approval or before the year end which ever is earlier since the leave cannot be brought forward to the following year.
2. 2. The application for substitutional leave must be submitted within a period of three (3) months from the date the tasks were performed.
3. 3. The application must be attached with supporting document i.e letter of instruction for each of the tasks performed.
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