STAWISHA SACCO SOCIETY LIMITED.

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OUR REF:CS/6645/9/VOL9/502……

YOUR REF…….. **DATE :**

APPLICATION FORM FOR OFF-DUTY/LEAVE.

NAME OF EMPLOYEE…….

BRANCH……..

I WISH TO APPLY FOR…….DAYS OFF-DUTY/LEAVE.

REASON FOR OFF DUTY……..

LEAVE BEGINNING ON……

ENDING ON ……BOTH DAYS

INCLUSIVE.

I SHALL RESUME ON ……

MY CONTACTS WHILE ON OFF-DUTY/LEAVE

MOBILE NO……

SIGNED BY……DATE……

APPROVAL

CHIEF EXECUTIVE OFFICER/D.C.E.O ……..DATE……..