**CSIR - CROPS RESEARCH INSTITUTE**

**APPLICATION FOR ANNUAL LEAVE**

**PART I**

1. Name: ........................................................................... A. Annual Leave Entitlement: ...............................

2. Rank: ............................................................................ B. Deferred Leave: ..............................................

3. Division / Section: ........................................................ C. Total Leave Entitlement: ..................................

1. Station: ........................................................................ D. Leave Enjoyed this Year: .................................
2. Home Town: .......................................................…….. E. No. of Days Applied for: ...................................
3. Date Leave Commences: ............................................ F. Balance of Leave: ............................................

Applicant’s Signature: .................................................. Date: ...............................................................

**PART II *(Recommendation from Head of Section / Immediate Supervisor)***

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Signature of Officer taking over: ………………………………………………… Rank: ……………………………..…….

Duties will be taken over by: .........................................................................................……………………………………

…………………………………………………………….……… Name: ………………………………………….………….

Signature and Rank: .................................................................................................. Date: .......................................

**PART III *(Recommendation from Head of Division)***

……………………………………………………………………………………………………………………..........................

................................…………………………………… Head of Division: ....................................................................... Signature & Rank: ........................................................................................... Date: ...................................................

**PART IV** ***(Director’s Instructions)***

I approve a total of .................. days annual leave for you with effect from....................................................................

to ............................................................... You will resume duty on...............................................................................

...............................................

**DIRECTOR**

**CROPS RESEARCH INSTITUTE**

**PART V** *(Applicant’s Portion)*

A total of ……........ days have been approved for you to proceed on leave with effect from ............................................

You are to resume duty on ............................................................. and accordingly inform the Personnel Section on the day of your resumption.

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**DIRECTOR**

Prof./Dr./Mr./Mrs./Ms: .....................................................................

**Thro’**: .............................................................................................

Division / Section: ...........................................................................

Station: ...........................................................................................

Balance of Leave ……………..………..