



REPUBLIC OF KENYA
MINISTRY OF PUBLIC SERVICE, PERFORMANCE AND DELIVERY MANAGEMENT
STATE DEPARTMENT FOR PUBLIC SERVICE

Name:

P/No.:

Designation:

Date:

The Principal Secretary
 State Department for Public Service
NAIROBI

Thro'

Director Human Resource Management (S)
 State Department for Public Service
NAIROBI

APPLICATION FOR ANNUAL LEAVE

(To be submitted at least 30 days before the leave is due to begin)

PART I

(To be completed by the applicant)

I wish to apply for days annual leave beginning on

The last leave taken by me was from to

2. My leave address will be:.....

- * (a) continue to be paid into my bank account,
 - * (b) be paid at the following address: N/A
 - * (c) be included in the payroll of(station)
- * Delete as applicable.

4. As I am taking not less than one-half of my annual leave due to me, I wish to receive my pay for the month of days before the date of commencement of leave in terms of Regulations I.1 of the Code of Regulations.

5. I understand that I will require permission from the Permanent Secretary should I desire to spend leave outside Kenya in accordance with Civil Service Regulations.

Date.

.....
Signature of Applicant

PART II

(To be completed by Head of Department)

6. * (a) Recommended, Arrangements can be made for the performance of the duties of the above office during his/her absence.

* (b) Not recommended. For the following reasons:

.....

Division/Section/Unit. **Signed**

Date **Designation**

7. Leave allowance will be paid in accordance with prevailing regulations

PART III

To be completed by the Principal Administrative Secretary (where applicable)

Date:Signed.....