



UNIVERSITY OF ILORIN TEACHING HOSPITAL

P.M.B 1459

ILORIN, KWARA STATE.

FILE NO:.....

APPLICATION FOR ANNUAL LEAVE FOR THE YEAR __ __

(This form is to be completed in triplicate)

SECTION A-PERSONAL PARTICULARS

I hereby apply for __ days leave to begin from __ / __ / ____ to __ / __ / ____ .

Name:.....

Appointment/ Rank:.....

Department:.....

Basic Salary:.....

No. of Days of which Eligible:.....

Date of First Appointment:.....

Date of Resumption from last leave:.....

Address on leave:.....

(Please indicate if outside Nigeria)

Date: __ / __ / ____

Signature of Applicant

SECTION B – RECOMMENDATION

Recommendation by Head of Department/Section Head.....

Signature of Head of Department /Section Head.....

Comment by Director of Clinical Affairs & Training (Where Applicable).....

Signature of Director of Clinical Affairs & Training Date:.....

SECTION C – APPROVAL

Approved/Not Approved

Signature of Director of Administration

Date: __ / __ / ____