

## THE MICO UNIVERSITY COLLEGE

## APPLICATION FOR LEAVE

| ☐ Aca                | demic        | □ Admir         | nistrative    | $\square$ Ancillary             |
|----------------------|--------------|-----------------|---------------|---------------------------------|
| Department:          |              |                 | D             | Pate:                           |
| Name of Employee     | :            |                 |               |                                 |
| I hereby apply for   |              | day(s) (casua   | l, department | tal, sick, vacation) leave      |
| from                 |              | to              |               |                                 |
| address(es) of the p | olace(s) you | will be staying | g:            | ou intend to visit and give the |
|                      |              |                 |               |                                 |
|                      |              |                 |               |                                 |
| Signature of Applic  | ant          |                 |               |                                 |
| Recommended by .     |              | epartment/Su    |               | Date:                           |
|                      |              | /Vice Preside   |               | Date:                           |
| Approved by          |              | sources/Presid  |               | Date:                           |

Updated: February 20, 2018 Human Resource Department