

OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL, SAGAMU.

To: Director of Administration

Tel: 08055683965
08058376736
Website: www.outh.com
E-mail: da@outh.com

PPNo.....
Date:.....

APPLICATION FOR LEAVE (To be filled in Triplicate)

Name (in Block Letters).....
Rank/Status..... Department.....
Nature of Leave: ANNUAL/CASUAL/TERMINAL/MATERNITY/SPECIAL
No. of days: Date leave is to commence: DD..... MM YY.....
Destination/Leave Address.....
Contact address(es) (if more than one, state overleaf)..... GSM No
Applicant's Signature..... Date:
No. of days recommended for Approval by the Head of Department/Unit:
Date of commencement as recommended by the Head of Department/Unit:
Name/Signature of the Head of Department/Unit.....
Approved No. of Days by Director of Administration Date:.....
Signature of the Director of Administration and Date
During my leave, will hold the fort (where applicable)

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