

REPUBLIC OF RWANDA



NGOMA DISTRICT

Authorized Absence

Note that, this Authorization is authentic and valid only if Approved by the District Executive Secretary or Director of Administration & HR, you are asked to submit an approved copy to HR's Office for filing:

Employee Name -----Date-----

Position ----- Unit-----

Reason for Absence:

Incidental leave (kind of Incidental Leave) -----

Eligible number of days []

Day off Reason -----

From /date/.....2020 to/date/.....2020

Number of Hours/ morning hours [] Afternoon hours []

Employee Signature-----date:-----

For Official Use Only

Approved []

Not Approved []

Comment:.....

Supervisor's Signature: ----- date-----

Approved []

Not Approved []

E.S's Comment:-----

E.S's Signature..... Date -----

REPUBLIC OF RWANDA



NGOMA DISTRICT

Leave of Absence

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Employee Name Date.....
Position Unit.....

Kind of Leave:

Annual leave starting date from/...../2020 to/.....2020
No of days requested No of days remaining.....

Maternity leave date of Birth/.....2020 end of leave/.....2020
Signature.....

Name of employee to assume your duties during your absence
Employee Signature.....date:.....

For Official Use Only

Approved []
Not Approved []

Comment:.....

Supervisor's Name Signature & date.....

Director of Administration & HR Signature & Date

Comments.....

Executive Secretary of District Signature & Date

Comments.....

Mayor of District Signature & Date

Approved []

Not Approved []

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Position ----- Unit-----

Kind of Leave:

Annual leave starting date from -----/-----/2020 to -----/-----2020
No of days requested ----- No of days remaining-----

Maternity leave date of Birth -----/-----2020 end of leave -----/-----2020
Signature-----

Name of employee to assume your duties during your absence -----
Employee Signature-----date:-----

For Official Use Only

Approved []
Not Approved []

Comment:-----

Supervisor's Name-----Signature & date-----

Director of Administration & HR -----Signature & Date -----

Comments-----

Executive Secretary of District -----Signature & Date -----

Comments-----

Vice Mayor(ED/AFSD)-- -----Signature & Date -----

Comments-----

Mayor of District-----Signature & Date -----

Approved []
Not Approved []

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Position Unit.....

Kind of Leave:

Annual leave starting date from/...../2020 to/.....2020
No of days requested No of days remaining.....

Maternity leave date of Birth/.....2020 end of leave/.....2020
Signature.....

Name of employee to assume your duties during your absence
Employee Signature.....date:.....

For Official Use Only

Approved []
Not Approved []

Supervisor's Name.....Signature & date.....

Comment:.....

Director of Education Signature & Date

Director of Administration & HR Signature & Date

Comments.....

Executive Secretary of DistrictSignature & Date

Comments.....

Vice Mayor(ED/AFSD).....Signature & Date

Comments.....

Mayor of District.....Signature & Date

Approved []
Not Approve []

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Position ----- Unit-----

Kind of Leave:

Annual leave starting date from -----/-----/2020 to -----/-----2020
No of days requested ----- No of days remaining-----

Maternity leave date of Birth -----/-----2020 end of leave -----/-----2020
Signature-----

Name of employee to assume your duties during your absence -----
Employee Signature-----date:-----

For Official Use Only

Approved []
Not Approved []

Supervisor's Name-----Signature & date-----

Comment:-----

Director of Health-----Signature & Date -----

Director of Administration & HR -----Signature & Date -----

Comments-----

Executive Secretary of District -----Signature & Date -----

Comments-----

Vice Mayor(ED/AFSD)-- -----Signature & Date -----

Comments-----

Mayor of District-----Signature & Date -----

Approved []
Not Approve []