

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)		
Prom /date/	2020		
Number of Hours/ morning hours After	noon hours		
Employee Signature	date:		
For Official Use Only			
	Approved Not Approved		
Comment:			
Supervisor's Signature: da	teApproved		
E.S's Comment:	Not Approved		
E.S's Signature Date			

Website: www.ngoma.gov.rw / E-mail: ngomadistrict@ngoma.gov.rw / P.O.Box: 01 Kibungo



NGOMA DISTRICT

Leave of Absence

Employee Name		
Position	Unit	
Kind of Leave:		
Annual leave starting date from No of days rem		
Maternity leave date of Birth/	-2020 end of leave/2020	
Name of employee to assume your duties during your ab Employee Signature	sencedate:	
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



Leave of Absence

	Date	
Position	Unit	
Kind of Lea	ive:	
Annual leave starting date from No of days requested No	//2020 to/2020 of days remaining	
Maternity leave date of Birth Signature	/2020 end of leave/2020 	
Name of employee to assume your duties du Employee Signature	ring your absencedate:	
For Official l	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/AFSO)	Signature & Date	
Comments		
Mayor of District	Signature & Date	_
		Approved Not Approved



NGOMA DISTRICT

Leave of Absence

	Date
Position	Unit
Kind of Leave:	
Annual leave starting date from/ No of days requested No of days	
Maternity leave date of Birth/ Signature	2020 end of leave/2020
Name of employee to assume your duties during you Employee Signature	ur absencedate:date:
For Official Use Onl	ly
	Approved Not Approved
Supervisor's Name	Signature & date
Comment:	
Director of Education	Signature & Date
Director of Administration & HR	Signature & Date
Comments	
Executive Secretary of District	Signature & Date
Comments	
Vice Mayor(ED/AFSO)	Signature & Date
Comments	
Mayor of District	Signature & Date Approved
	Not Approve (



NGOMA DISTRICT

Leave of Absence

Employee Name			
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Kind of Leave:			
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Maternity leave date of Birth2020 Signature] end of leave/2020		
Name of employee to assume your duties during your absenc Employee Signature	edate:		
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/AFSO)	Signature & Date		
Comments			
Mayor of District	Signature & Date		
		Approved Not Approve	
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