



**CANDLELIGHT FOR ENVIRONMENT , EDUCATION & HEALTH  
HQ HARGEISA OFFICE**

**Form # 8**

**REQUEST FOR LEAVE**

Name of Staff Member:		Unit or Project:
		Address while absent : (if more than one indicate approximate dates applicable).
Type of Leave requested:	Duration: From:                      To: Date & Time	
Annual		
Sick		
Other Leave:		
For Accountant use only:		Date of application:
Paid Amount:		Staff member's Signature:
Purpose payment:		Recommendation of Supervisor:
Accountant Signature:		Authorized of HR Officer:
Date:		Approval of the Director:

As per Organizational Policies and Procedures staff rules II. It's indicated:

1. The staff will receive the Annual leave every calendar year. If the employee was recruited for only half of the year, then he/she is entitled to only half of the leave time.

**Special Note:**

2. Before filling out this form, please refer to the personnel office to identify type of your leave
3. Whenever you have been absent from work for half a day, or more, due to other matter, you need to submit, a justification for absence.
4. If the person want to be on the sick leave he/she should fill this form.