

MINISTRY OF EDUCATION & HUMAN RESOURCE DEVELOPMENT

REQUEST FOR PERMISSION TO LEAVE THE STATE

Name of Officer

School/Office

Position

Status(Temporary/Permanent)

Purpose of travel, please tick

Vacation Business Medical attention

Other, please specify.....

Period of travel: From to

Address while out of state

.....

Contact number **Email address**.....

Signature of applicant **Date submitted**.....

Supervisor's recommendations.....

Reviewing Officer's remarks (where necessary)

FOR OFFICIAL USE ONLY

Recommended (Head of Division) Date

Approved (Head of Department) Date

Comments.....

To be submitted in duplicate