

**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*