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The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR LEAVE APPLICATION (CUEA/DVC ADM/HRM/09)	HR MANAGER
	NO. OF APPENDICES:
	2 (TWO)
	(A-B)
AUTHORIZATION	
This Standard Operating Procedure is issued under	the authority of:
TITLE	DVC ADMINISTRATION
SIGNATURE	St
DATE	23 February 2011
ISSUE DATE	23 March 2011
STAMP CONTROLLED / UNCONTROLLED	CONTROLLED

NOTE:

- 1. Write amendments on the page provided (Clause 0.2)
- 2. Controlled copies of this document will be in the HR and the DVC ADM Offices

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0. CONTENTS AND RECORD OF CHANGES

0.1 Table of Contents

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0.2 RECORD OF CHANGES

No.	Date	Details	s of Changes	Authorization
	(dd-mm-yy)	Page	Clause/subclause	Title
1	21 June 2011	3	6.0 Reviewing of the method to make it adequate	HR Manager

0.3 Distribution / Circulation

This Standard Operating Procedure is available at relevant functions for authorized users.

1. PURPOSE

To ensure timely, fair, consistent, efficient and effective leave application and processing procedure.

2. SCOPE

The procedure applies to all permanent employees of CUEA and those with at least three (3) years contract

3. TERMS AND DEFINITIONS

3.1 Definitions of Terms Used:

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For the purpose of this procedure the following terms shall apply in addition to those already defined in the CUEA Quality Management Manual.

- 3.1.1 **'Leave'** is a period of time when an employee is not working because he/she is on holiday or vacation or some other reason.
- **3.1.2 "Emergency Leave"** is the leave which may be taken in the case of illness, injury and certain other emergencies and urgent matters.

3.2 Abbreviations and Acronyms

3.2.1 **HR** - Human Resources

4. REFERENCES

This procedure makes reference to the following documents which form part of the CUEA-QMS documentation:

4.1 HR Policies and Procedures Manual

5. PRINCIPAL RESPONSIBILITIES

5.1The HR Manager shall ensure that the procedure is being followed and adhered to.

6. METHOD

Part one: Annual Leave Application procedure

- $6.1 The\ HR\ Officer\ shall\ furnish\ the\ applicant\ with\ Leave\ Application\ form\ (CUEA/DVC\ ADM/HRM/09/fm01)$
- 6.2 The applicant shall fill the form in quadruplicate and forward it to his/her functional HOD for recommendation
- 6.3 The HOD shall recommend and forward the form to the HR Manager at least within three (3) working days for normal leave and 48 hours for emergency leave
- 6.4 The HR Manager shall ensure that the approval is done within the leave guidelines of the University.
- 6.5 The HR Manager shall ensure that copies are forwarded to the Applicant, Financial Administrator and functional HOD
- 6.6 The HR Manager shall ensure that the employee's personal file is updated.

Part two: Maternity/Paternity Leave Application Procedure

- 6.1 The HR Officer shall furnish the applicant with Maternity/Paternity Leave Application form (CUEA/DVC ADM/HRM/09/fm02)
- 6.2 The HR Officer shall ensure that the medical certificate is attached in case of maternity leave and a birth notification in case of paternity leave
- 6.3 The applicant shall fill the form and forward it to his/her functional HOD for recommendation

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- 6.4 The HOD shall recommend and forward the form to the HR Manager for approval.
- 6.5 The HR Manager shall ensure that the approval is done within the leave guidelines of the University.
- 6.6 The HR Manager shall ensure that the employee's personal file is updated.

NB: No applicant should proceed on leave before approval.

7. APPENDICES

- 7.1 Appendix A: Leave Application form
- 7.2 Appendix B: Maternity/Paternity Leave Application form

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7.1 Appendix A: Leave Application form



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A.

P.O. Box 62157 00200 Nairobi - Kenya Telephone: 891601-6 Fax: 254-20-891084 E-mail: hr@cuea.edu

Office of Human Resources

LEAVE APPLICATION FORM

	LEAVI	EATTLICATION	<u>FORM</u>	
Employee's Name			Payroll. No.	
Job Designation _			Department/Section	on
Job Grade				
LEAVE TYPE (Tick appropriately)			
1. Annual leave]]		
2. Sick/convalesc	ent leave []			
3. Compassionate	e leave []		
4. Study leave]]		
5. Lieu days]]		
6. Others (specify	·)			
First day of leave. Total no. of working	ng days applied for	Last day of leTelephone c	when the medi	re
D. Maria	00		5.4	40 1 2044
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	of applicant's Department ommended [] No	t/Equivalent: ot recommended []	
Com	ment (If any)		
Name	2	Signature	Date
B. Leav	e computation by HR Depa	artment (cancel what is not	applicable)
Annı	<u>ıal leave only</u>		<u>0ther leave</u>
(Spec	rify)		
No. c	of days carried forward from	year days	Days applied fordays
No. c	of days due for year	days	Days approveddays
Total	leave days due	days	
Less	days already forfeited	days	
Less	days already taken	days	
Less	days applied for	days	
Stanc	ling balance	days	
Annual l	eave allowance Ksh	Payroll month wh	nen payable
Officer's	Name	Signature	Date
		Leave Approval	
No. of le	ave days granted	Date of reporting b	ack
Signed:			
HUMAN	N RESOURCES MANAGE	R	DATE
		CU	EA/DVC ADM/HRM/09/fm02

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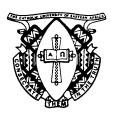
Date

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Appendix B: Maternity/Leave Application form



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A.

P.O. Box 62157 00200 Nairobi - Kenya Telephone: 891601-6 Fax: 254-20-891084 E-mail: hr@cuea.edu

Office of Human Resources

MATERNITY/PATERNITY LEAVE APPLICATION FORM

(CUEA grants a Maternity Leave for a maximum of 3 months with full salary and a Paternity Leave of up-to 2 weeks with full salary. Please note that Maternity Leave should start at least 2 weeks before the confinement date and that an employee may not return to work until at least 2 weeks after the date of delivery. This application should be supported by a medical certificate from a recognized medical practitioner indicating the date on which maternity leave should commence. Paternity leave shall be granted after delivery unless there is need by the male staff to take it before)

Employee's Name			Payroll No		
Job Designation	DesignationDepartment/section _			tion	
Job Group					
LEAVE TYPE (7	Tick appropriately)				
Maternity leave []			Paternity leave		
[]					
First day of leave		Last day of lea	ve		
Γotal no. of workin	g days applied for .	Telephone	e contact while on le	ave	
Signature of leave a	applicant		Date		
*******	*******	*******	*******	*******	
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A. Head of applicant's De	epartment/Equivalent:	
Recommended []	Not recommended []	
Comment (If any)		
Name	Signature	Date
B. Human Resources Dep	partment:	
Medical certificate forward	led Yes[] No[]	
Plus: (i) No. of public holi	days (ii) No.	of CUEA holidays
Officer's Name	Signature	Date
	Leave Approva	<u>l</u>
No. of months/weeks days	granted	Date of reporting back
Signed:		
HUMAN RESOURCES	S MANAGER	DATE

CUEA/DVC ADM/HRM/09/fm02

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