

# THE WEST AFRICAN EXAMINATIONS COUNCIL

PRIVATE MAIL BAG 1022, YABA, LAGOS



## NATIONAL STAFF

Date: .....

The DD (HRMD)  
WAEC YABA  
Thro':

### APPLICATION FOR VACATION OF ANNUAL LEAVE FORM PART 'A'

I wish to be allowed to proceed on vacation of Annual leave for the year

#### PERSONAL INFORMATION

1. Name: .....
2. Rank: .....
3. Department: .....
4. Salary Per Annum: .....
5. Annual Leave Entitlement: .....
6. Deferred Leave(if any): .....
7. Leave Earned on Pro-Rata Calculation: .....
8. Deduction from Leave for Special Leave Granted: .....
9. Total Maternity Leave Granted in the Year: .....
10. Leave Dates from: .....
11. Due Back from Leave on: .....
12. Recorded Native Place: .....
13. Distance from Station to Home Town: .....
14. Marital Status: .....
15. Leave Address: .....
16. Residential Address in Lagos: .....  
.....

Signature of Applicant: .....

#### **PART 'B'**

Recommendation (delete whichever is not applicable)

- (a) The Above Named can be Released to Take his/her full Leave of .....  
Days of his/her Entitlement
- (b) The Above Name cannot be Released and May Re-apply after .....
- (c) The Above Named can/cannot be Released Without a Relief.

Date: .....

.....  
SIGNATURE OF HEAD OF DIVISION/ DEPARTMENT