

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

F-2-70-1-1

STAFF MOVEMENT ADVICE

N.B. This form should be completed in quadruplicate by the head of department section or unit, the Relevant event take place and should be distributed as follow as follows:

- Original - Deputy Vice Chancellor (APD)
- Duplicate - Finance Officer
- Triplicate - Retained by the department
- Quadruplicate - To the member of staff concerned

Name _____ P/F No. _____
 Designation _____ Grade _____
 Department _____

PLEASE INSERT DATE APPROPRIATELY

Date Reported on 1st Appointment Last Date of Service
 Department Department

DATE	<u>ABSENT FROM DUTY DUE TO</u>	DATE	<u>RESUMED DUTY AFTER</u>
Annual Leave	<input type="text"/>	Annual Leave	<input type="text"/>
Maternity Leave	<input type="text"/>	Maternity Leave	<input type="text"/>
Sabbatical Leave	<input type="text"/>	Sabbatical Leave	<input type="text"/>
Study Leave	<input type="text"/>	Study Leave	<input type="text"/>
Unpaid Leave	<input type="text"/>	Unpaid Leave	<input type="text"/>
Unauthorized Absence	<input type="text"/>	Unauthorized Absence	<input type="text"/>
Other reasons Specify	<input type="text"/>	Other reasons Specify	<input type="text"/>

NAME _____ SIGNATURE _____
 HEAD OF DEPARTMENT CONCERNED

DATE _____

ADMINISTRATION

RECEIVED AND VERIFIED OFFICER IN PERSONNEL SIGN _____

DATE _____