

SEEK-IN The Centre for Impact, Innovation and Capacity building for Health Information Systems and Nutrition. Gasabo, Kinyinya Gaculiro Vision 2020 18 KG 383st, 2nd Floor. Kigali-Rwanda

CIIC-HIN OFFICE

ANNUAL LEAVE FORM

Names:	
Position:	
Matiricule Number:	
Type of Leave: (Annual/sick/maternity/ flexi/circumstances)	
Number of Days:	
Starting Form:	To:
Requested by (Staff):	
Approved by (Supervisor):	
Verified by (HR):	
Authorized by CIIC-HIN MD):	
Signature & Stamp	