



**NAROK COUNTY GOVERNMENT**

**COMPASSIONATE LEAVE APPLICATION FORM**

***Instructions:***

1. This form is to be filled in triplicate.
2. This form should be filled in after exhaustion of your annual leave days.
3. Compassionate leave is limited to a total of 10 working days.

**PART I (TO BE COMPLETED BY THE APPLICANT)**

Mr./Mrs./Miss.....P/No.....Designation.....  
 Department.....Section.....Station.....  
 I apply for..... days leave with effect from.....to.....  
 I last proceeded for compassionate leave from.....to.....  
 My address is.....Mobile No.....  
 Signature of Applicant.....Date.....

**PART II (TO BE COMPLETED BY HEAD OF SECTION/IMMEDIATE SUPERVISOR)**

I certify that the officer is under my immediate supervision and the information given in this form is correct.

During the period Mr/Mrs/Miss.....P/No.....  
 Will be away his/her duties will be assigned to Mr/Mrs/Miss.....P/No.....  
 Name.....Designation.....  
 Signature:.....Date/Stamp.....

**PART III (TO BE COMPLETED BY HUMAN RESOURCE MANAGEMENT)**

I have examined the total number of compassionate leave applied by

Mr/Mrs/Miss.....P/No.....

I confirm the officer is entitled to.....days of compassionate leave.

Name.....Signature:.....Date/Stamp.....

**PART IV. (TO BE COMPLETED BY OFFICER APPROVING LEAVE)**

Your Compassionate leave has been approved from.....to.....

You will report to duty on.....at 8:00am.

Name.....Designation.....

Signature.....Rubber Stamp & Date.....