



## Documentation for disbursement of special holiday

Name: \_\_\_\_\_

AUID: \_\_\_\_\_

Department/school/section/unit: \_\_\_\_\_

Number of special holidays to be disbursed

for the holiday year 20\_\_\_\_:

Signature of head of department/school/section/unit

\_\_\_\_\_  
Date Signature

- The form should be forwarded to PAYROLL

**FOR PAYROLL USE ONLY**

LKO	Ordinary holiday taken	Corr. to hours	No. working hours	Special days of holiday not taken	Special days of holiday earned