

## Leave Summary

**Name:** Mbalule Simon

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**Leave Address:** Musima

**Program:** Administration

Leave Type	Start Date	End Date	Days Requested	Program Leader Status	HR Status	Director Status
Sick	2025-10-08	2025-10-13	3.00	N/A	approved	approved

## Approvals

Role	Name	Status	Signature
Program Leader	N/A	N/A	No Signature
HR	Mugoya Joshua	Approved	
Director	Dr Kalule Okello David	Approved	