

# Leave Summary

**Name:** Mbalule Simon

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**Program:** Administration

Leave Type	Start Date	End Date	Days Requested	Program Leader Status	HR Status	Director Status
annual_days	2026-06-17	2026-07-07	15.00	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	