

TEACHERS SERVICE COMMISSION ANNUAL LEAVE APPLICATION FORM TO BE SUBMITTED A MONTH BEFORE LEAVE STARTS

Α.				
Name		TSC No.		
Job Title (Designation)		Job Group		
No. of Days required		Leave phone contact (<i>mandatory</i>)		
From (start Date)	To (Last day of leave)		Station / Department	
Please release my salary for the month of []				
Signature of applicant Date:				
Comments by I <u>mmediate Superv</u>				
в.				
SECTION HEAD APPROVAL: Section / Departmental Head. The officer's leave is Approved / Not approved				
Section / Departmental Head.				
Signed: [Designation		Date:	
C. FOR USE BY H. R. O. S DEPARTMENT:				
Balance of leave C/F for yearday(s). Rate of earning leaveday(s) p.a.				
Total leave earned and carried forward is Less leave taken at foliois				
Leave for day(s) approved with effect fromtotoThis leave expires on				
You are expected to resume duty on at the expiry of this leave.				
Your outstanding balance for the year	ending	is	days.	
HR Officer:D	esignation		Date:	
D. NOTES: 1. All the Heads of sections to have Leave Roasters in place to 2. Officers to fill in the leave form in DUPLICATE and submit the 3. Leave allowance is payable only once in every 12 months. An 4. Staff members who take Maternity Leave will still benefit fr	facilitate easy flow of officers proc e same to Secret Registry , a mont ny leave carried forward in excess o om their Annual Leave days for tha al or fail to report to work due to sic urs so as to qualify for sick leave.	eeding on leave. The roaster sho h prior to commencement of lea f half entitlement days will be au t year.	uld show the period and the days applied for. ve.	
Mr. /Mrs. / Miss				

FIF./FIF5./ FIIS5	
Thro	
	<u>.</u>
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••