

THE UNITED REPUBLIC OF TANZANIA



LEAVE APPLICATION FORM

To be filled in capital letters in three copies. One complete copy will be given back to the Employee as an authority to allow him/her to go on leave.

SECTION A: LEAVE REQUEST (to be completed by the Employee)

A1) Personal Details

- (i) Last Name: **Middle Name** **First Name**
- (ii) Personal File No.: **(iii) Check No.:** **(iv) TSD No.:**
- (v) Designation:
- (vi) Station:
- (vii) Institution:
- (viii) Division/ Department:
- (ix) Date of First Appointment / /

A2) Leave Request Number

I request leave for Days commencing on to
 I will travel to where I will stay for Days

I am/ I am not entitled to travel assistance for this leave.

My spouse and my children (whose details are mentioned below) will travel with me to the destination mentioned above

Name of a Spouse			
Child's Name	Date of Birth	Child's Name	Date of Birth
1.		3.	
2.		4.	

A3) Contact Details Whilst on Leave

P.O. Box Number.....Phone Number:..... Email Address

Signature..... Date...../...../.....

SECTION B: LEAVE REVIEW (to be completed by Human Resources Officer from the Department of Administration and Human Resources)

Review on Leave Records

(i) Dates of last leave/...../..... to/...../.....
(ii) Number of days taken	
(iii) Leave outstanding in the Previous leave period:	
(iv) Leave outstanding from Current leave period:	
(v) Paid/Not Paid transport allowance	Paid TZS..... Debt TZS.....

Signature..... Date...../...../.....

SECTION C – RECOMMENDATION FOR LEAVE (to be completed by Respective Head of Department/Unit)

I recommend/Do not recommend the above leave because:

.....

Name:..... Signature:.....

Designation..... Date...../...../.....

SECTION D: APPROVAL DECISION (To be completed by authorizing officer – Head of Administration and Human Resources Department):

I approve/deny the above leave request with/without transport allowance
 Remarks

.....
 Applicant deserve/not deserve to be paid transport allowance for the year.....

Name:..... Signature:.....

Designation..... Date...../...../.....

DESCRIPTION ON THE TYPES OF LEAVE

- ❖ The applicant will select a number corresponded to the type of leave she/he applied for, and the selected number will be filled in the box available in **A2** (Types of Leave as Stipulated in Section **H & K** of the Standing order 2009 third Edition)

- 1. Annual Leave - (SO H.1, H.4, H.5)**
- 2. Leave Pending Completion of Contract -(SO H.7)**
- 3. Leave Pending retirement - (SO H.8)**
- 4. Maternity Leave - (SO H.12)**
- 5. Paternity Leave - (SO H.13)**
- 6. Special Leave of Absence - (SO H.14)**
- 7. Leave Without Pay - (SO H.19)**
- 8. Sabbatical Leave - (SO H.20)**
- 9. Sick Leave - (SO K.11)**
- 10. Convalescent Leave - (SO K.12)**