



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.

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 towhere I will stay fordays

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 names	Date of Birth	Child's names	Date of Birth
1.		3.	
2.		4.	

A3) Contact Details Whilst on leave

P.O.BoxPhone Number.....Email address.....

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

SECTION B: LEAVE REVIEW to be completed by Human Resource from the Department of Administration and Human Resource)
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 Resource 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:...../...../.....