

LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM LGSC. 13 APPENDIX 'P'

LEAVE APPLICATION FORM
SIHA DISTRICT COUNCIL

PART I

(To be completed by the applicant in triplicate and sent to the Officer authorizing the Leave at least two weeks before the date leave is to commence)

1. Name of applicant.....(in full)
2. Designation.....Department/Unit..... Station.....
3. I hereby apply for Days emergency/ annual leave for the following reasons (in case of an emergency leave)
Leave.....
Leave to be taken from to
4. My postal Address while on leave will be
.....
.....
5. My place of domicile isin
.....District..... Region.....
6. I'm entitled to 1st/2nd/3rd deck class Railways/ Lake or Coastal Steamer .Upper/ Lower class Road Transport, and my wife(name) and children whose details are given bellow will accompany me.

NAME OF CHILD	DATE OF BIRTH	AGE
1.		
2.		
3.		
4.		

7. My salary is Tshs.p.m in the scale and I wish my leave salary to be paid
(a) In advance prior to my departure for leave or
(b) To the credit of my Bank Account Nowith (Banker)

Date.....

.....
Signature of Applicant

PART II

(To be completed by Head of Department)

8. Recommend do not recommend the leave applied for the following reasons:

.....
.....
.....

Date.....

.....
Signature of
HEAD OF DEPARTMENT.

PART III

9. (To be completed by Officer responsible for Leave matters)

If not recommended give reasons below:-

Reasons.....

Leave recommended is as detailed below:-

- (i) Annual leave entitlement days.
- (ii) Leave taken to for during the year days.
- (iii) Leave accumulated with permission days.
- (iv) Balance to the applicant days.
- (v) Number of days now requested days.
- (vi) Leave traveling fore of Tsh.....to be paid / not to be paid because (if not to be paid)

.....
.....

10. Balance to be taken later/ forfeiteddays

11. Leave salary to be paid/ not paid in advance/ to the credit of his/ her account No.....
with the(Banker)

Date..... **Signature of Designation**.....

PART: IV

(To be completed by authorizing Officer)

12. Leave as recommended above is approved / not approved for the following reasons:

.....
.....
.....

Date.....

.....
**SIGNATURE OF
EMPLOYER**