

**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)