# APPENDIX H/I

(Made under Standing Order H.4)

# THE UNITED REPUBLIC OF TANZANIA

### STANDING ORDERS FOR THE PUBLIC SERVICE

Sub-vote

Personal file

### APPLICATION FOR LEAVE

Vote Code

Signature:....

Check

Number

| Number       |       |        |        |         |        |       |        |         |            | Number(or, TSD, Force<br>No) |      |       |   |   |         |
|--------------|-------|--------|--------|---------|--------|-------|--------|---------|------------|------------------------------|------|-------|---|---|---------|
|              |       | S      | ECTIO  | N A: LE | EAVE I | REQUE | ST (to | o be co | omple      | ed by the employee)          |      |       |   |   |         |
| A1) Person   | nal D | etails | 5      |         |        |       |        |         |            |                              |      |       |   |   |         |
| b.           |       |        |        |         |        |       |        |         | FULL       |                              |      |       |   |   |         |
|              |       |        |        |         |        |       |        |         | N          | ame :                        | <br> |       |   |   | <br>    |
|              |       |        |        |         |        |       |        |         |            |                              | <br> |       |   |   | <br>    |
| С            |       |        |        |         |        |       |        |         | Des        | gnation:                     | <br> |       |   |   | <br>    |
|              |       |        |        |         |        |       |        |         | <b>(</b> i | ii)                          |      |       |   |   |         |
|              |       |        |        |         |        |       |        |         |            | Station:                     | <br> |       |   |   |         |
| (iv) Divisio | n/De  | epartr | ment   |         |        |       |        |         | (v)        | Date of First Appointment:   | <br> |       |   |   |         |
| A2) Conta    | ct De | etails | Whilst | t on Le | ave    |       |        |         |            |                              |      |       |   |   |         |
| (vi) Phone   | Nun   | nber:. |        |         |        |       |        | (\      | vii) E-m   | ail Address:                 | <br> |       |   |   | <br>••• |
| (viii) Conta | act A | ddres  | s:     |         |        |       |        |         |            |                              | <br> |       |   |   | <br>    |
|              |       |        |        |         |        |       |        |         |            |                              |      |       |   |   |         |
|              |       |        |        |         |        |       |        |         |            |                              |      |       |   |   |         |
| A3) Leave    | Req   | uest   |        |         |        |       |        |         |            |                              |      |       |   |   |         |
| (ix)Start D  | ate c | of Lea | ve     |         |        | /     | /      |         |            | (x)Last date of leave        |      | /     | · | / | <br>    |
| (x) Total N  | lumb  | er of  | Worki  |         |        |       |        |         |            |                              | <br> | .Davs | 1 | - |         |

Dated: ...../..../

# SECTION B: LEAVE REVIEW (to be completed by Head of Department /Section/Unit)

.....To ....../..../...../

### B1) Review of leave Records

i)Dates of last leave taken:

| ./2 4 6 6 6 1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6                               |            |  |  |  |  |  |  |  |  |
|---|------------|--|--|--|--|--|--|--|--|
| ii)Number of days taken:  | Days       |  |  |  |  |  |  |  |  |
| iii)Leave outstanding in the current period:                              | Days       |  |  |  |  |  |  |  |  |
| iv)Leave outstanding from previous period:                                | Days       |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
| B2) Recommendation for Leave (Tick box as applicable)                     |            |  |  |  |  |  |  |  |  |
| [ ] I recommend the above leave taken as requested                        |            |  |  |  |  |  |  |  |  |
| [ ] I recommend the above with following changes:                         |            |  |  |  |  |  |  |  |  |
| [ ] I not recommend the above leave be granted for the following reasons  |            |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
| Name:   | Signature: |  |  |  |  |  |  |  |  |
| Designation:  | Dated://   |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
| SECTION C: APPROVAL DECISION (To be completed by the authorizing officer) |            |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
|   |            |  |  |  |  |  |  |  |  |
| ( i) I approve/deny the above leave (ii) If denied give reasons below     |            |  |  |  |  |  |  |  |  |

(iv) Designation ......(v) Date ...../...../