**APPENDIX H/I**

**(Made under Standing Order H.4)**

**THE UNITED REPUBLIC OF TANZANIA**

**APPLICATION FOR LEAVE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vote Code** |  |  |  |  |  |  |  |  |  | **Sub Vote** |  |  |  |  |  |  |
| **Check Number** |  |  |  |  |  |  |  |  |  | **Number (or TSD)** |  |  |  |  |  |  |

**SECTION A: LEAVE REQUEST (To be completed by the employee)**

**A1) Personal Details**

(i) (a) Full name: …………………………………………………………………………………………………………………………………….

(ii) (b) Designation:………………………………………………………………………………………………………………………………….

(iii) (c) Station: …………………………………………………………………………………………………………………………………………

(iv) Division/Department: ………………………………………………………… (v) Date of first Appointment ..../…../20………

**A2) Contact Details whilst on leave**

(vi) Phone Number: ……………………………………………………………………………………………………..

(vii) Contact Address :……………………………………………………………………………………………………

(viii) Name of Spouse: …………………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **No** | **Name of Dependants** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**A3) Leave Request**

|  |  |  |  |
| --- | --- | --- | --- |
| (ix) Start Date of Leave | …………………………………. | (x) Last Day of Leave | …………/……………./…………… |
| (xi) Total Number of Working Days requested | ………………………………………..Days |

Signature:……………………………………….. Date:……………………………………………./…………………………../20………………………

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

**B1) Review of Leave Records**

|  |  |
| --- | --- |
| (i) Dates of last leave taken: | ……………/…………../……………/To…………./………../………….To |
| (ii) Number of days taken: | ……………………………………………………….Days |
| (iii) Leave outstanding in the current leave period: | ……………………………………………………….Days |
| (iv) Leave outstanding from previous leave period: | ……………………………………………………….Days |

**B2) Recommendation for leave (Tick box as applicable)**

 I recommend the above leave as requested

 I recommend the above leave with following changes:…………………………………………………………………………………………

 I do not recommend the above leave be granted for the following reasons:……………………………………………………….



 ……………………………………………………………………………………………………………………………………………………………………………….

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

 Designation:…………………………………………………………… Date:…………………………/…………………./20………………………

**SECTION C: APPROVAL DECISION (To be completed by the authorizing officer):**

1. I approve/deny the above leave request (ii) If denied give reasons below…………………………………………………………
2. Name…………………………………………………………………………………(iv) Signature…………………………………………………………
3. Designation :…………………………………………………………………………..(vi) Date…………………/……………../20…………………..