

# LOCAL GOVERNMENT SERVICE OF TANZANIA

FORM: LGSC. S3

APPENDIX "P"

LEAVE APPLICATION FORM:

## MOMBA DISTRICT COUNCIL

### PART I:

(To be completed by the applicant in triplicate and sent to officer authorizing the leave two weeks before the date the leave is due to commence)

1. Name of applicant ..... (in full)
2. Designation ..... Department/Unit.....
3. I hereby applying for ..... Days emergency leave/annual leave to commence on ..... 2013 ..... And terminate on .....2013 .....
4. For the following (in case of emergency leave).

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

5. My postal address while on leave will be

.....  
.....

6. My place of domicile is:

.....  
District ..... Region .....

7. I am entitled to 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/ class Railway s/lake or coastal steamer.

**OR**

Upper/Lower class ROAD Transport and my wife.

.....  
(Name) and Children whose detail are given below will accompany

NO.	NAME OF CHILD	DATE OF BIRTH
1.		
2.		
3.		
4.		

5.		
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My Salary is Tshs ..... per month in the salary Scale .....

- (a). In advance prior to my departure for leave or
- (b). To the credit of my bank account No. .... with  
Date ..... Signature of applicant .....

**PART II**

(To be completed by head of Department).

- 8. Recommended/do not recommend\* the leave applied for the following reason:  
.....  
Date .....Signature of head Department .....

**PART III**

(To be completed by officer responsible for leave matters)

- 9. I Recommended/do not recommend the leave applied for:  
(If not recommended give reasons)

Reasons:-  
.....  
.....

Leave recommended as detailed below:-

- (i). Annual leave entitlement ..... Days
- (ii). Leave taken so far during the year ..... Days
- (iii). Leave accumulated with permission .....Days
- (iv). Balance for the applicant ..... Days
- (v). Number of days now requested ..... Days
- (vi). Balance to be taken later for fated\* ..... Days

- 10. Leave travelling fare of Tshs..... to be paid/Not be paid because (if not to be paid) .....

- 11. Leave salary to be/not be paid\* to the credit of his/her account No. ....  
with the signature ..... Banker.  
Date ..... Signature ..... Designation .....

(To Completed by authorizing officer).

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

Date ..... Signature ..... Designation .....

**\* DELETE WHICHEVER IS INAPPLICABLE.**