

**APPENDIX H/I**  
**(See standing order H: 9)**  
**THE UNITED REPUBLIC OF TANZANIA**  
**APPLICATION FOR LEAVE**  
**(Officer On Class L Terms And Temporary Terms)**

**NOTE:** To be completed in triplicate and submitted to the Principal Secretary/Head of Department/ Regional Development Director. One copy will be returned to the applicant as authority to proceed on leave.

**Part A – Personal Particular**  
**(To be completed by applicant)**

1. Name in full.....
2. Division.....ministry/ Independent Department/ Region  
.....
3. Designation.....4.Station.....
4. I here by apply for.....Days leave to commence on  
.....20.....And terminate on.....20.....
5. I wish to travel to .....Where I will stay for.....Days ( I am entitled to cash grant and will travel first/second/third\* class and place and of domicile is (.....))
6. My spouse and .....children, whose detail are given below, will accompany me/travel separately by road/rail/ship/air\*

Name of child	Date of Birth	Name of Child	Date of Birth

7. My salary is sh.....per month in the scale.....and I with my leave salary to be paid.
  - (a) To me personally (i) By personal cheque at my leave address stated below  
(ii) By the Internal Revenue Officer at.....
  - (b) To be Credit of my account with .....bank at.....
  - (c) In advance prior to my departure on leave, as my destination is far from the nearest internal Revenue Office.
8. My leave address will be.....  
Date .....Signature of Applicant.....

\* Delete whichever is in applicable.

**Part B – Leave Particulars**  
**(The completed by Head Section/Division)**

9. I recommend/approve \*the application with cash grant, and state that:-
- (a) Date of first appointment/Date of departure on last leave was.....
  - (b) The period of on –leave earning service from.....to  
.....
  - (c) The number of odd carried forward from previous services is.....Days.
  - (d) The above named will be eligible at his proposed date of departure for  
.....days leave accrued (calculated at ..... days  
per annum) arrived at from the above stated and in addition  
has.....Days deferred leave at this credit. Leave will therefore  
expire on.....
  - (e) He was granted cash grant in respect of leave..... to  
.....

10. I do not recommended/approve \* this leave for the following reasons  
.....  
.....
- Date.....Signature.....  
Reference No.....Designation.....

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Part C – for Official use in the  
**Ministry/ Independent Department/ Region**

11. The recommendations in PART B are approved\* subject to the following variations  
.....  
.....
- Date..... Signature.....  
Reference No..... Designation .....

\* Delete whichever is inapplicable

# HALMASHAURI YA WILAYA YA BUKOMBE



S.L.P. 02,  
**BUKOMBE.**

TAREHE .....

## **YAH: TAARIFA YA SAFARI YA NJE NA NDANI YA WILAYA:**

1. Jina Kamili.....Cheo.....
2. Ngazi ya Mshahara.....
3. Madhumuni ya safari (eleza kazi unayoenda kufanya).....  
.....  
.....
4. Mahali unapokwenda.....
5. Idadi ya siku utakazokaa huko(Taja tarehe ya kuondoka na kurudi)  
.....  
.....

### **6. USAFIRI:**

Usafiri taja aina ya usafiri iwapo ni gari ya Serikali taja namba ya gari  
.....

Sahihi.....

Tarehe.....

### **7. MSIMAMIZI WAKE WA KAZI.**

1. Mapendekezo .....
2. Jina Kamili .....Saini.....
3. Cheo .....Tarehe.....

### **8. MKUU WA IDARA.**

1. Mapendekezo yake.....
2. (Jina kamili.....Sahihi.....  
Mhuri.....
3. Cheo.....Tarehe.....

### **9. OFISI YA MKURUGENZI MTENDAJI:**

1. Maelezo.....
2. Jina kamili.....Saini.....
3. Cheo.....Tarehe.....

Signature of the District Director,

**THE UNITED REPUBLIC OF TANZANIA  
SICK SHEET FORM**

(To be filled in by patient's office/Division and filled when completed)

1. To: The medical officer in charge of .....  
Hospital/Rural Health center/Clinic/Dispensary 1\* Mr./Mrs/Miss  
..... Designation ..... requires treatment  
He/She is entitled to Grade ..... Treatment in terms of standing Order  
K. 3

Date: .....20 .....  
Time ..... Signature of Officer .....  
Station ..... Office/Division/Ministry .....

2. To. The Officer in-charge of .....  
Office/Division/Ministry.  
I certify that Mr./Mrs./Miss ..... Is under treatment and  
is able/unable\* to follow his/her/occupation. He/she is admitted to Hospital/treated in  
quarters/to attend for .....treatment.

Date ..... 20/..... Time .....  
Signature of Medical Officer in Charge ..... Hospital/Rural Health  
Center/Dispensary.

3. I certify that Mr/Mrs/Miss .....  
Has now sufficiently recovered to resume this/her occupation  
Date ..... 20 ..... Time .....

.....  
Signature of Officer in Medical Charge

4. I certify that Mr./Mrs/Mrs/Miss is granted ..... excuse duty/  
..... days light duty

.....  
Signature of officer in Medical Charge  
Hospital/Rural Health Center/Dispensary

1\* Delete whichever is inapplicable

