

**LOCAL GOVERNMENT SERVICE OF TANZANIA**

**LEAVE APPLICATION FORM**

FORM LGSC. 13

APPENDIX "P"

**PART I**

**(TO BE COMPLETED BY THE APPLICANT AND SENT TO LEAVE OFFICER, AUTHORIZING THE LEAVE AT LEAST TWO WEEK BEFORE THE DATE LEAVE IS DUE TO COMMENCE).**

1. Name of Applicant .....
2. Designation ..... Department Unit ..... Station.....
3. I hereby Apply for ..... days.....emergency leave.
4. Annual leave to commence.....201.....and terminate of .....  
For the following reasons (in case of an emergency leave).  
.....  
.....  
.....
5. My postal address while on leave be .....  
My place of domicile is ..... in .....  
District ..... Region .....
6. I am entitled to 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> deck class rail ways/lake or Coastal steamer.

**OR**

Upper/lower class road transport and my wife ..... Name and children whose details are given below will accompany me.

<b>Name of Child</b>	<b>Date of Birth</b>	<b>Age</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

7. My salary is Shs ..... P.m. in the salary scale ..... and wish my leave to be paid.
  - (a) In advance prior to my departure for leave of
  - (b) To the credit of my bank account No.....with..... banker.  
Date ..... Signature of Applicant.....

**PART II**  
**(TO BE COMPLETED BY HEAD OF DEPARTMENT).**

5. I recommended/do not recommend the leave applied for the following reasons.  
.....  
.....  
.....

Date ..... Signature of Head of Department.....

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 to the applicant ..... days
- (v) Number of days now requested ..... days
- (vi) Balance to be taken later/for fainted..... days

6. Leave travelling fare of Shs ..... To be paid/not to be paid because (if not to be paid).

---

Leave salary to be paid/not be paid in advance/to the credit of his/her account No. .... With the .....(banker).

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

**PART IV**  
**(TO BE COMPLETED BY AUTHORIZING OFFICER).**

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

.....

Date ..... Signature.....

Designation .....