TEACHERS SERVICE COMMISSION

TSC HOUSE
KILIMANJARO ROAD
UPPER HILL
PRIVATE BAG
NAIROBI, KENYA

APPLICATION FOR STUDY LEAVE
INSTRUCTIONS TO APPLICANTS
(Please read and understand the instructions before completing the form)

1. This form is to be completed in triplicate. The original will be sent to the Commission, Duplicate to the Headteacher and Triplicate to the DEO or PDE for post primary headteachers.

2. Application for study leave must be received at the Teachers Service Commission Headquarters at least 90 days before commencement of studies.

3. The Applicant should attach a copy of the formal letter of Admission

4. A teacher must not leave the duty station before study leave is approved in writing by the Commission.

5. A teacher will be expected to report for duty on or before the date of the expiry date.

6. Application for extension of study leave or Change of course or institution must be made to the Commission at least one month in advance.

PART1 (A) TO BE COMPLETED BY THE TEACHER

1. Name --------------------------------------------------  2. TSC NO  ……………………

3. School/Institution --------------------------------------------- Address -------------------------------------

4. Qualification:
   (a) Grade e.g. P1, DIP, GRADUATE  -------------------------------------------
   (b) Professional Qualifications; P1, DIP. ED, BED, M.ED --------------------------
   (c) Main teaching subject (Post Primary Institutions only) ----------------------

5. (a) Date of first appointment ---------------------------------------------
   (b) Date resumed duty from previous study leave --------------------------------

6. (a) Course you intend to pursue ---------------------------------------------
   (b) Name of University/Institution/College -------------------------------------
   (c) Subjects you intend to study -----------------------------------------------

7. Period of Study Leave required: from ___________________________ to _________________
   (State dates as precisely as possible)

8. (a) Contact address during Study leave ----------------------------------
   (b) Contact telephone / Mobile number ----------------------------------------
PART I (B)

9. (i) Terms of Service

(Permanent & Pensionable, Probation, Temporary, Contract)

(ii) Present salary Kshs. P.M.

Responsibility Allowance Hardship Allowance Special all.

10. Stations of choice (in order of preference) for posting after study leave.

1. 2 3 4

NOTE: The Commission reserves the right to post you where a vacancy exists.

11. I accept to be bonded after my study leave as stipulated in circular letter ref: OP.CAB39/4A dated 10/4/06 and accept to redeem the bond in full if breached.

Note: Attach duly completed bonding forms to your application.

Applicant’s Signature Date

PART II

(a) TO BE COMPLETED BY the Principal / Headteacher

I confirm that the school has Streams and that the following teachers from this school are currently on study leave from this school/institution.

<table>
<thead>
<tr>
<th>S.NO</th>
<th>NAME</th>
<th>TSC NO</th>
<th>DEPARTMENT</th>
<th>DURATION OF LEAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I therefore recommend/do not recommend this application.

Reasons for not recommending

Name TSC/NO
Designation Signature
Official Stamp Date

(b) TO BE COMPLETED BY DCE/MEO/DEO for teachers in Primary Institutions

I confirm that the number of teachers currently on study is... and does not exceed 2% of the District’s teacher population.

I therefore recommend/do not recommend this application.

Reasons for not recommending

Name TSC/NO/P.NO
Designation Signature
Official Stamp Date

(c) TO BE COMPLETED BY PDE for (Heads of Post Primary institutions only)

The number of teachers currently on study leave in the institution is ...

I therefore recommend/do not recommend this application.

Reasons for not recommending

PART III (TO BE COMPLETED BY CHRO IN CHARGE OF THE SECTION)

1 a) I confirm that Mr/Mrs/Miss qualifies for paid/unpaid study leave.

I confirm Responsibility/Special School Allowance and Hardship Allowance as the case may be have been stopped.

Name Sign Date