

Form R

SCHEDULE XXX
(R.116 (2))

TEACHERS SERVICE COMMISSION

Telephone:
+254-020-2892000/0722-208-552
Email: info@tsc.go.ke
Website: <http://www.tsc.go.ke>



THE TSC HOUSE
KILIMANJARO ROAD
UPPER HILL
PRIVATE BAG -00100
NAIROBI, KENYA

School Address _____

To:
The Sub County Director _____ Sub- County

Thro'

The Head of Institution

P.O. Box _____

RE: APPLICATION FOR PATERNITY LEAVE

PART I (To be completed by applicant)

I (Mr.) _____ TSC/No. _____ wish
to apply for Paternity leave for the period _____ to _____

(A certified copy of the Birth Notification must accompany this application)

Date: _____ Signature _____

PART II (To be completed by The Sub County Director)

Paternity leave is hereby granted with effect from _____ to _____

You will be expected to resume duty on _____

Name: _____ Designation: _____ Signature _____

Official stamp _____ Date _____

Copy to: -

1. The Secretary
Teachers Service Commission
Private Bag
NAIROBI
2. TSC County Director.....County