



**TEACHERS SERVICE COMMISSION
TO BE COMPLETED IN TRIPLICATE**

The TSC County Director

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P. O. Box

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School Address

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P. O. Box

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Through/

The Principal/Headteacher

.....

P. O. Box.....

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RE: APPLICATION FOR MATERNITY LEAVE

PART I

I Mrs./Miss _____ TSC No. _____

Wife of _____ do hereby apply for three (3) months
maternity leave with effect from _____ as per Doctor's certificate.

Date: _____

Applicant's Signature

PART II

TO BE COMPLETED BY MEDICAL OFFICER

I hereby certify that I have this day examined Mrs./Miss _____
and that her date of conferment will approximately be on _____.
Any alteration made in the certificate should be in initialed by the Doctor.

Date: _____

Signature: _____

Name: _____

Stamp: _____

NOTE:

1. Application should be submitted at least one month before the leave starts
2. A woman teacher who avails herself for maternity leave will for annual leave for that year
3. Submit the birth notification before you resume office.

