



TSC DECLARATION CONTROL SHEET

(TEACHERS)

Station..... Sub county.....County.....

Notes for Heads of Institutions

1. Please fill in the particulars of **ALL** teachers in your institution
2. Instruct **ALL** teachers to hand in their forms in sealed envelopes to you in person
3. Ensure that the sealed envelopes are addressed to the Secretary Teachers Service Commission
4. The TSC declaration Control Sheet is to be filled in triplicate
 - One copy of the duly completed control sheet should be retained in the in the Institution after being countersigned by the District Human Resource officer
 - Two copies should be handed over together with the sealed officers envelopes to the District Human Resource officer
5. For those who **do not** hand in their forms, state the reasons against the officer's name in the remarks column.

Name of Head of Section/ Unit.....TSC/ NO..... Date..... Signature.....

Name of Head of Receiving TSC officerTSC/ NO..... Date..... Signature.....

Name of receiving officer in charge at TSC.....TSC/ NO..... Date..... Signature.....

S/NO	Name of officer	TSC No	Date Received by Head of Institution	Officers Signature	Remarks / the reason an officer has not handed in
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S/No	Name of officer	TSC No	Date Received by Head of Institution	Officers Signature	Remarks / the reason an officer has not handed in
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