

**TEACHERS SERVICE COMMISSION**

**Telephone: Nairobi**  
**312067/8/78/89/91/93**  
**/96/312123 & 312132**  
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**When replying please**



**TSC House**  
**Kilimanjaro Road**  
**Upper Hill**  
**Private Bag**  
**NAIROBI, KENYA**

**Date:** \_\_\_\_\_

**quote**

**Ref. No: TSC/** \_\_\_\_\_

**APPLICATION FOR STUDY LEAVE**  
**(SECRETARIAT)**  
**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 Head of Department.
2. Application for study leave must be received at the Teachers Service Commission Headquarters at least 30 days before commencement of studies.
3. The Applicant should attach a copy of the formal letter of Admission
4. An Officer must not leave the duty station before study leave is approved in writing by the Commission.
5. An Officer will be expected to report for duty within 14 days after completion of studies.
6. Applications 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 OFFICER**

- 1 Name \_\_\_\_\_ 2. TSC NO \_\_\_\_\_
- 3 Department/Section \_\_\_\_\_
4. **Qualification:**
  - (a) Grade/Designation e.g. H, J, M or P \_\_\_\_\_
  - (b) Professional Qualifications; Diploma, Degree or CPA \_\_\_\_\_
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 \_\_\_\_\_
7. Period of Study Leave required: from \_\_\_\_\_ to \_\_\_\_\_  
(State dates as precisely as possible)
8. Contact address during Study leave \_\_\_\_\_

**PART I (B)**

9. Terms of Service \_\_\_\_\_  
(Permanent & Pensionable, Probation, Temporary, Contract)

**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 DIVISION/SECTION HEAD**

I confirm that the Division/Section has the following officers currently on study leave.

	<u>Name</u>	<u>TSC NO.</u>	<u>University/College</u>	<u>Duration</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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 HEAD OF DEPARTMENT**

I recommend/do not recommend this application.

Reasons for not recommending \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ TSC/NO \_\_\_\_\_

Designation \_\_\_\_\_ Signature \_\_\_\_\_

Official Stamp \_\_\_\_\_ Date \_\_\_\_\_

**PART III - TO BE COMPLETED BY VETTING COMMITTEE**

We Approve/Do Not Approve PAID/UNPAID Study Leave.

Reasons for not approving the Study Leave \_\_\_\_\_  
\_\_\_\_\_

**CHAIRMAN**

**SECRETARY**

Name \_\_\_\_\_

Name \_\_\_\_\_

Sign \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_