



TECHNICAL UNIVERSITY OF KENYA
TUK/HRM/REG/LF/001

APPLICATION FOR UNPAID/PAID MATERNITY/PATERNITY LEAVE, FOR STAFF
(REVISED 2018)

To be completed in Triplicate and submitted to the *Human Resource Services - Registry* through the Head of Department. Kindly fill in capital letters and tick where appropriate.

PART I – (To be completed by the applicant)

Full Name Prof/Dr/Miss/Ms/Mrs./Mr.

Payroll Number (*ensure you indicate*).....Department/Centre/School.....

Terms of service: Permanent/ Contract/ Temporary/ On Probation.

I wish to apply for days/ Months Paid/Unpaid maternity/ paternity leave, starting from ___/___/___
To ___/___/___

I have attached a certificate signed by Registered Medical Practitioner in support of my application and birth notification certificate of the new born child.

My leave address will be: (*ensure you indicate*)

Telephone Number Residence

Applicant's signature..... Date ___/___/___

PART II (To be completed by Head of Department)

RECOMMENDED. Satisfactory arrangements can be made for performance of his/her duties during his/her absence.

His/her duties will be performed by:

Name

Designation.....

Date ___/___/___

Signature.....

Official Rubber Stamp

HOD/Reporting Officer _____

SIGNATURE _____

FOR OFFICIAL USE ONLY

To Applicant: Leave with/ without pay Commencing on ___/___/___ to resume duty on ___/___/___

Application for leave is in order

Signature..... Date ___/___/___

Application for leave is approved not approved

Signature.....Date ___/___/___

FOR VICE-CHANCELLOR

