

APPENDIZ H/I
(See standing order H: 9)
THE UNITED REPUBLIC OF TANZANIA
APPLICATION FOR LEAVE
(Officer On Class L Terms And Temporary Terms)

NOTE: To be completed in triplicate and submitted ton the Principal Secretary/Head of Department/ Regional Development Director. One copy will be returned to the applicant as authority to proceed on leave.

Part A – Personal Particular
 (To be completed by applicant)

1. Name in full.....
2. Division.....ministry/ Independent Department/ Region

3. Designation.....4.Station.....
4. I here by apply for.....Days leave to commence on
20..... And terminate on.....20.....
5. I wish to travel toWhere I will stay for.....Days (I am entitled to cash grant and will travel first/second/third* class and place and of domicile is (.....))
6. My spouse andchildren, whose detail are given below, will accompany me/travel separately by road/rail/ship/air*

Name of child	Date of Birth	Name of Child	Date of Birth

7. My salary is sh.....per month in the scale.....and I with my leave salary to be paid.
 - (a) To me personally (i) By personal cheque at my leave address stated below
 (ii) By the Internal Revenue Officer at.....
 - (b) To be Credit of my account withbank at.....
 - (c) In advance prior to my departure on leave, as my destination is far from the nearest internal Revenue Office.
8. My leave address will be.....
 DateSignature of Applicant.....

*** Delete whichever is in applicable.**

Part B – Leave Particulars
(The completed by Head Section/Division)

9. I recommend/approve *the application with cash grant, and state that:-
- (a) Date of first appointment/Date of departure on last leave was.....
 - (b) The period of on –leave earning service from.....to
.....
 - (c) The number of odd carried forward from previous services is.....Days.
 - (d) The above named will be eligible at his proposed date of departure for
.....days leave accrued (calculated at
.....days per annum) arrived at from the above stated and in
addition has.....Days deferred leave at this credit. Leave will
therefore expire on.....
 - (e) He was granted cash grant in respect of leave..... to
.....

10. I do not recommended/approve * this leave for the following reasons
.....
.....

Date.....Signature.....
Reference No.....Designation.....

Part C – for Official use in the
Ministry/ Independent Department/ Region

11. The recommendations in PART B are approved* subject to the following
variations
.....
.....

Date.....Signature.....
Reference No.....Designation

*** Delete whichever is inapplicable**

HALMSHAURI YA WILAYA MBOGWWE

S.L.P 01,
MASUMBWE.

TAREHE.....

YAH: TAARIFA YA SAFARI YA NJE NA NDANI YA WILAYA:

1. Jina Kamili.....Cheo.....
2. Ngazi ya Mshahara.....
3. Madhumuni ya safari (eleza kazi unayoenda kufanya).....
.....
.....
4. Mahali unapokwenda.....
5. Idadi ya siku utakazokaa huko(Taja tarehe ya kuondoka na kurudi)
.....
.....

6. USAFIRI:

Usafiri taja aina ya usafiri iwapo ni gari ya Serikali taja namba ya gari
.....

Sahihi.....
Tarehe.....

MKUU WA IDARA

1. Mapendekezo yake.....
2. (Jina kamili.....Sahihi.....
Mhuri.....
Cheo.....Tarehe.....

OFISI YA MKURUGENZI MTENDAJI:

1. Maelezo.....
2. Jina kamili.....Sahihi.....
Cheo.....Tarehe.....

MBOGWE DISTRICT COUNCIL
APPLICATION FOR EXTRA DUTY ALLOWANCE

Ref. No.

A: To be completed by the applicant

1. Name as per payroll
2. Designation 3. Department
3. Check No. 5. Salary Scale
4. Details of Extra duty required:-
 - (a). Number of days to work overtime
 - (b). Date commencingDate finishing;
 - (c). Nature of work done
 -
 - (d). Extra duty allowance Rate per day
1. Total amount payable

I hereby certify that the particulars given are correct to the best of my knowledge and that will have to work overtime.

From; To;

Date;
.....

Signature of Applicant.

B: To be completed by the Head Department

I recommend that Ndugu

Be paid Tsh. as Extra duty allowance for

Day and that I will personal make sure that, the work for which this allowance is being paid for is correctly, within the period shown above.

Date:
.....

Signature of the Head of Department.

C: To be completed by Treasure

I approve/do not approved the payment of Tsh.

Being paid allowance for Days as applied for

Date:
.....

Signature of the Treasurer.

D: To be completed by the District Director.

I approve/do not approved the payment of Tsh.

Being paid allowance for days as applied for

Date:
.....

Signature of the District Director,

MBOGWE DISTRICT COUNCIL
APPLICATION FOR NIGHT OUT ALLOWANCE

Ref. No. -----

A: To be completed by the Applicant

1. Name as per payroll -----
2. Designation -----3. Department -----
4. Check No. ----- 5. Salary Scale -----
5. Details of Night Out Allowance required:-
 - (a) Number of days of Night Allowance -----
 - (b) Date commencing -----
 - Date Finishing: - -----
 - © Nature of work done -----

 - (d) Night Out allowance Rate per day -----
 - (e) Code Number -----
7. Total amount payable -----
I hereby certify that the particulars given are correct to the best of my knowledge and that will have to Night out Allowance.

From: ----- To ----- each day

Date -----

Signature of Applicant

B: To be completed by the Head of Department

I recommend that Ndugu -----

Be paid Tshs. ----- as Night out allowance for -----
Day and that I will personal make sure that, the work for which this allowance is
Being paid for is done correctly, within the period shown above.

Date: -----

Signature of the Head of Department.

C: To be Completed by Treasurer

I approve/do not approve the payment of Tshs. -----

Being paid Night out allowance for ----- days as applied for.

Date: -----

Signature of the Treasurer

D: To be completed by District Director.

I approve/do not approve the payment of Tshs. -----

Being paid Night out allowance for ----- days as applied for.

Date: -----

Signature of the Director

**THE UNITED REPUBLIC OF TANZANIA
SICK SHEET FORM**

(To be filled in by patient's office/Division and filled when completed)

1. To: The medical officer in charge of
Hospital/Rural Health center/Clinic/Dispensary 1* Mr./Mrs/Miss
..... Designation requires
treatment He/She is entitled to Grade Treatment in terms of
standing Order K. 3

Date:20
Time Signature of Officer
Station Office/Division/Ministry

2. To. The Officer in-charge of
Office/Division/Ministry.
I certify that Mr./Mrs./Miss Is under treatment and
is able/unable* to follow his/her/occupation. He/she is admitted to Hospital/treated in
quarters/to attend fortreatment.

Date 20/..... Time
Signature of Medical Officer in Charge Hospital/Rural Health
Center/Dispensary.

3. I certify that Mr./Mrs/Miss
Has now sufficiently recovered to resume this/her occupation
Date 20 Time

.....
Signature of Officer in Medical Charge

4. I certify that Mr./Mrs/Mrs/Miss is granted excuse duty/
..... days light duty

.....
Signature of officer in Medical Charge
Hospital/Rural Health Center/Dispensary

1* Delete whichever is inapplicable

HALMASHAURI YA WILAYA YA MBOGWE

MKATABA NA.

MKATABA WA KUMILIKI MEZA NA KULIPA USHURU

Makubaliano haya yanafanyika leo tarehe mwezi mwaka kati ya Halmashauri ya Wila ya Mbogwe (ambaye katika mkataba huu ataitwa “HALMASHAURI “ kwa upande mmoja)

NA

..... wa S.L.P. ambaye katika mkataba huu ataitwa MLIPAJI kwa upande mwingine)kwa kuwa MLIPAJI amekubali kukabidhiwa MEZA KATIKA SOKO LA HALMASHAURI YA WILAYA MBOGWE BLOCK NO. MKATABA HUU NI USHUHUDA KWAMBA:-

1. Halmashauri imekubali kumkabidhi meza Na. kuanzia tarehehadi tarehe kulingana na masharti yatakayotolewa na Halmashauri.

NA

2. Mlipaji amekubali kukabidhiwa meza kulingana na masharti yaliyoainishwa hapa chini.

MASHARTI

1. Kwamba tangu tarehe hadi tarehe mlipaji atalipa ushuru wa soko katika meza Na. Block
2. Kwamba mlipaji anatakiwa kulipa ushuru huo kulingana na viwango vilivyowekwa na kuainishwa katika mkataba huu
3. Kwamba mlipaji anatakiwa kulipa ushuru wa miezi mitatu sawa na Tsh. 18,000 /= kwa mkupuo na kupata risiti ya Halmashauri ya Wilaya ya Mbogwe.
4. Kwamba katika mkataba huu mlipaji atalipa ushuru wake kwa awamu nne yaani miezi mitatu mitatu.

5. Kwamba iwapo mlipaji atashindwa kuwasilisha fedha kama ilivyelekezwa katika vipengere vya 1,3 na 4 vya mkataba huu uliokubaliwa atakuwa amejifuta umiliki wa meza na Halmashauri itateua mtu mwingine kumiliki meza hiyo.
6. Kwamba mlipaji atahakikisha kuwa maeneo anayofanyia kazi ni safi.
7. Kwamba Halmashauri itakuwa huru kuingia katika maeneo yaliyotajwa wakati wote wa saa za kazi na kufanya ukaguzi unaotakiwa.
8. Kwamba mkataba huu utadumu kwa kipindi cha mwaka kuanzia tarehe hadi tarehe
9. Kwamba marekebisho, mabadiliko kupunguzwa au kuongezwa kwa masharti ya mkataba huu yatafanyika kwa kusaini mkataba mwingine na si vinginevyo.
10. Kwamba upande wowote utakuwa huru kuvunja mkataba huu ili mradi utoe taarifa ya siku thelathini kwa maandishi.
11. Kwamba iwapo kutatokea mabadiliko ya ghafla yatakayosababisha kufungwa kwa chanzo cha ushuru wa soko na Halmashauri kuridhika na hali hiyo basi pande zote mbili zitakuwa na majadiliano mapya juu ya mkataba huu.
12. Kwamba upande wowote katika mkataba utakaosababisha mkataba huu kuvunjika utalazimika kulipa fidia upande mwingine wa mkataba huu.
13. Kwamba mlipaji atahakikisha anadhibiti uharibifu wowote ulio ndani ya uwezo wake na kutunza mali alizokabidhiwa uharibifu utakaosababishwa na mlipaji utapelekea kuvunjwa kwa mkataba na kulipa fidia Halmashauri.
14. Kwamba uharibifu wowote utakaosababishwa na mlipaji utapelekea kuvunjwa kwa mkataba na kulipa Halmashauri.
15. Kwamba mlipaji atafuata kanuni za afya kwa kutoweka vyakula au bidhaa mahali pachafu pasipostahili.

**16. KWA USHAHIDI WA MAKUBALIANO YALIYOTAJWA HAPO JUU
PANDE ZOTE MBILI ZIMETIA SAINI KAMA INAVYOONYESHA
HAPA CHINI.**

IMETIWA SAINI

JINA
SAHIHI
TAREHE

} **MLIPAJI**

IMETIWA SAINI

JINA
SAHIHI
TAREHE

} **MDHAMINI**

KWA NIABA YA HALMASHAURI YA WILAYA YA MBOGWE

IMETIWA SAINI

JINA MKURUGENZI MTENDAJI (W)
SAHIHI HALMASHAURI YA WILAYA
TAREHE MBOGWE

}

IMETIWA SAINI

JINA MWENYEKITI WA
SAHIHI HALMASHAURI YA WILAYA
TAREHE MBOGWE

}

IMETIWA SAINI

JINA
SAHIHI
TAREHE

} **SHAHIDI**