

TEACHERS SERVICE COMMISSION

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Website: <http://www.tsc.go.ke>



**THE TSC HOUSE
KILIMANJARO
ROAD
UPPER HILL
PRIVATE BAG-
00100**

Sub County Director

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Head of institution

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RE: APPLICATION FOR SICK LEAVE

PART I: *To be completed by applicant.*

I Mr./Mrs./Miss./.....TSC No.....

.....apply for sick leave for period to.....

.....as per the recommendation of registered medical practitioner.

(Medical documents/sick sheet from a registered medical practitioner must accompany this application)

Signature of applicant:.....

Date:

PART II: *(Comments by Head of institution/Sub County Director)*

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Signature and official stamp.

Date.....

Copy:- TSC Head Quarters
-County Director

Note: *The Head of institution to apply directly to the Sub County Director*