



Mtaa Wa Uhindini,
S.L.P 4169,
Dodoma.
Simu (+255) 0768 911 049
(+255) 0652 933 370
Baruapepe: imarishamaishald1@gmail.com
info@imarishamaisha.com

MATERNITY LEAVE FORM

(Application should be submitted at least one month before the leave starts, Staff who avails herself for maternity leave will for annual leave for that year, also you should submit the birth notification before you resume at work.)

PART I

TO BE COMPLETED BY RESPONSIBLE STAFF

I Mrs. /Miss

Wife of _____ do hereby apply for three (3) months
maternity leave with effect from _____ as per Doctor's certificate.

Date: _____

Applicant's Signature	
-----------------------	--

PART II

TO BE COMPLETED BY MEDICAL OFFICER

I hereby certify that I have this day examined Mrs. /Miss _____

and that her date of confinement will approximately be on _____

Any alteration made in the certificate should be in initialed by the Doctor.

Date: _____

Signature: _____

Name: _____

Stamp: _____

CHANGE YOUR LIFE



Mtaa Wa Uhindini,

S.L.P 4169,

Dodoma.

Simu (+255) 0768 911 049)

(+255) 0652 933 370)

Baruapepe: imarishamaishald1@gmail.com

info@imarishamaisha.com

My last day at work will be

Return to work details

I intend to return to work on date

Address

Contact number

Email address

Add any comments

PART III

TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT

HR comments: request Approval / Not approval

HR Signature

CHANGE YOUR LIFE