



**LESOTHO**

**SCHEDULE 13**

Regulations 10 (1) (b), 11 (1) (b) and 12 (1) (c)

**TERMINATION OF APPOINTMENT BY MUTUAL AGREEMENT**

To the Secretary:

Teaching Service Commission, Private Bag A94, Maseru – 100

Name of teacher: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Employment Number: \_\_\_\_\_

Position: \_\_\_\_\_

Name of school: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Type of appointment (Permanent/Temporary/Contract)

\_\_\_\_\_

Type of allocation (Indefinite/limited)

\_\_\_\_\_

Expiry date if limited

\_\_\_\_\_

I hereby apply to terminate my appointment with the Teaching Service with effect from

(date) \_\_\_\_\_ for the reasons stated below;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher**

**Comments of the School Board or Management Committee**

This application is supported\*/not supported\* for the following reasons

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\*(delete whichever does not apply)

Signed: \_\_\_\_\_ date stamp: \_\_\_\_\_  
**Secretary, School Board or Management Committee**

**Remarks of the Commission**

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Signed: \_\_\_\_\_ date stamp: \_\_\_\_\_  
**Secretary, Teaching Service Commission**

- Copies:
1. School Board or Management Committee
  2. Teacher