



LESOTHO

SCHEDULE 25

Regulation 33 (3)

APPLICATION FOR CONFINEMENT LEAVE

To be completed and sent to the Director, Teaching Service Department, Private Bag A94, Maseru – 100.

A medical certificate must be attached.

Teacher's name: _____

Employment number: _____

Name of school: _____

School registration number: _____

Commencement date: _____ End date: _____

Name of doctor: _____

Signature of applicant: _____

Date: _____

Recommendation of School Board or Management Committee

The School Board or Management Committee recommends*/does not recommend* this application, for the following reasons:

*(delete whichever does not apply)

Signed: _____ Date stamp

Secretary, School Board or Management Committee

To be completed by the Director, Teaching Service Department

Approved*/not approved for the following reasons*

Signed: _____ Date stamp
Director, Teaching Service Department

Copies: Chairman, School Board or Management Committee
Principal
Teacher
Secretary, Teaching Service Commission