



NAROK COUNTY GOVERNMENT

MATERNITY LEAVE APPLICATION FORM

Instructions:

1. This form is to be filled in triplicate.
2. This form should be filled in 30 days before the EDD.

PART I (TO BE COMPLETED BY THE APPLICANT)

Mrs./Miss.....P/No.....Designation.....

Department.....Section.....Station.....

I apply for 90 Calendar days maternity leave with effect from.....to.....

I understand that one should fill in the maternity leave form one month before the expected date of confinement (EDD)

My expected date of delivery (EDD) as per the ante-natal clinic card is.....

Signature of Applicant.....Mobile No.....Date.....

PART II (TO BE COMPLETED BY MEDICAL DOCTOR)

I have today examined Mrs./Miss.....who is pregnant, and her EDD is.....

Doctor’s Name.....Signature.....

Official Rubber Stamp and Date.....

PART III (TO BE COMPLETED BY IMMEDIATE SUPERVISOR)

I certify that Mrs./Miss.....P/No.....is under my immediate supervision and the information given is correct.

During her confinements period the following officer will be in charge of her duties.

Name.....Designation.....P/No.....

Signature:.....Date.....

PART IV. (TO BE COMPLETED BY OFFICER APPROVING LEAVE)

Your maternity leave has been approved from.....to.....

You will report to duty on.....at 8:00am.

Name.....Designation.....

Signature.....Rubber Stamp & Date.....

Note: This form can be downloaded from our website www.narok.go.ke