



NAROK COUNTY GOVERNMENT

PATERNITY LEAVE APPLICATION FORM

Instructions:

1. This form is to be filled in triplicate.
2. Officer should attach birth notification form.
3. This form should not be filled in a month after the official date of birth as per the notification.

PART I (TO BE COMPLETED BY THE APPLICANT)

Mr.....P/No.....Designation.....
 Department.....Section.....Station.....
 I apply for 10 days Paternity leave with effect from.....to.....and
 as provided in section H.6 of the terms and condition of service for County Public Servants.
 My address is.....Mobile No.....
 Signature of Applicant.....Date.....

PART II (TO BE COMPLETED BY HEAD OF SECTION/IMMEDIATE SUPERVISOR)

I certify that the officer is under my immediate supervision and the information given in this form is correct.

During the period Mr.....P/No.....
 Will be away his duties will be assigned to
 Mr./Mrs./Miss.....P/No.....
 Name.....Designation.....
 Signature:.....Date/Stamp.....

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

Your Paternity 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.