



TEACHERS SERVICE COMMISSION
EDUCATION MANAGEMENT INFORMATION SYSTEM(EMIS)
PRIMARY SCHOOLS DATA RETURNS :FORM A
YEAR _____ TERM

GENERAL GUIDELINES AND INSTRUCTIONS

- 1. Read the instructions on the form very carefully before completing.**
- 2. This form is to be completed by the head of the institution. Note: Information provided in this form should be correct. Provision of incorrect information may lead to disciplinary action.**
- 3. All parts of the form must be filled.**
- 4. The information should be captured for the month of May.**
- 5. The form is to be completed in triplicate. The institution should retain the triplicate while the original and duplicate be forwarded to TSC County Director by 31st May.**
- 6. For any query regarding this form contact the TSC County Director.**

DISTRIBUTION

- (i) TSC copy through TSC County Director
- (ii) County Director's Copy
- (iii) Headteacher's Copy

IV. STAFF ESTABLISHMENT

1. TEACHERS (Should be captured in the following order, H/T,D/HT, senior teacher, teacher ;include absent, on leave/sick- off etc)

S/No	TSC No.	ID. Number	Name	Sex m/f	Date of Birth dd/mm/yy	Nation ality Code	Terms of Service Code	Date of First Appointme nt dd/mm/yy	Grade Code	Date Appointed to the Current grade dd/mm/yy	Qual. Code	Date Posted to current Station dd/mm/yy	Designa tion Code	Religion Code	Specialization code	No. of Lessons Taught/WK (Total)	Signature /Reason for absence/Leave Type)
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
<u>Nationality</u>		<u>Terms of Service</u>		<u>Grade Code</u>				<u>Academic Qualification</u>		<u>Designation Code</u>		<u>Specialization code</u>		<u>Reason for absence/Type of Leave</u>			
1. Kenyan	1. Permanent	1 P2	F	20	SNR. GRAD	M	1. Ph.D	1. HeadTeacher	1. Mental(M.I.)	1. Sick Leave							
2. Other	2. Contract	2 P1	G	21	SNR. APPR. TEACHER	M	2. Masters	2. Deputy H/T	2. Visual (V.I.)	2. Study Leave							
	3. Temporary	3 TCTT III	H	22	SNR. LECTURER	M	3. Degree	3. Senior Teacher	3. Hearing (H.I.)	3. Maternity							
		4 ATS IV	H	23	PRINCIPAL III	M	4. Diploma	4. Teacher	4. Physical (P.I.)	4. Special Leave							
		5 UTTF	H	24	PGAT II	N	5. Diploma(Techn.)	5. Special Unit Teacher	5. Multiple (M.H.)	5. Compassionate							
		6 UTGRAD	J	25	PAT II	N	6. Tech. Cert		6. Autism	6. leave							
		7 TCTT II	J	26	P. LECTURER	N	7. A- Level		7. Gifted and talented	7. Annual Leave							
		8 TDTT III	J	27	PRINCIPAL II	N	8. O-Level/KCSE		8. Inclusive learning	8. Leave outside kenya							
		9 DIP. GRAD I	J	28	PGAT I	P	9. KJSE/KCE div IV			9. Absence without official leave							
		10 ATS III	J	29	PAT I	P	10. KCSE-D			10. Other (specify)							
		11 TCTT I	K	30	PRINCIPAL I	P	11. KCPE										
		12 TDTT II	K	31	SPGAT	Q	12. WITHOUT KCPE										
		13 ATS II	K	32	CPGAT	R											
		14 GAT II	K														
		15 ASS.LECTURE	K														
		16 TDTT I	L														
		17 GAT I	L														
		18 LECTURER	L														
		19 ATS I	L														

IV. STAFF ESTABLISHMENT (CONT'D)

1. TEACHERS (Should be captured in the following order, H/T,D/HT, teacher ;include absent, on leave/sick- off etc)

S/No.	TSC No.	ID. Number	Name	Sex m/f	Date of Birth dd/mm/yy	Nationality Code	Terms of Service Code	Date of First Appointment dd/mm/yy	Grade Code	Date Appointed to the Current grade dd/mm/yy	Qual. Code	Date Posted to current Station dd/mm/yy	Designation Code	Religion Code	Specialization code	Lessons Taught/WK (Total)	Signature /Reason for absence/Leave Type)
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	

DETAILS OF TEACHERS WITH DISABILITY

TSC NO.	NAMES	SEX	TYPE OF DISABILITY	Specialization code
				1. Mental(M.H.)
				2. Visual (V.H.)
				3. Hearing (H.I.)
				4. Physical (P.H.)
				5. Multiple (M.H.)

SPECIAL REPORTS

Teachers who can not teach full load _____

Reasons

(a) Sickness _____

(b) Disability _____

(c) Other (Specify) _____

No. of periods lost due to absenteeism during the term _____

VIII. Study Programmes

This part captures information of any Teacher who is pursuing further studies. The information will guide the Commission in future projections and planning.

	TSC NO.	Name	Course of Study	Date Started dd/mm/yy	Expected Date of completion (dd/mm/yy)	Subject Area of Study	Full Time/Part time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

<u>Course of Study Code</u>	<u>Areas Of Study</u>
1 Diploma	1. Languages
2 Bachelors	3. Chemistry
3 PGDE	4. Biology
4 Masters	5. Mathematics
5 Ph.D	6. Accounting
6 Other (Specify)	7. Computer Science
	8. Information Technology
	9. Education Planning and Administration
	11. Special Education
	13. Geography
	14. History
	15. Christian Religion Education
	16. Islamic Religious Education
	17. Guidance and counselling
	18. Economics of Education
	19. ECDE course
	20. Other Courses(specify)

I Certify that the information contained in this form is correct.

Head Teacher's Name		Official Stamp	County Director		Official Stamp
TSC No.			Personal No.		
Signature			Signature		
Date			Date		