



GOVERNMENT OF SAINT LUCIA



STUDY LEAVE APPLICATION FORM

APPLICATION FOR: STUDY LEAVE WITH PAY STUDY LEAVE WITHOUT PAY

SECTION A: PARTICULARS OF APPLICANT

LAST NAME: _____ FIRST NAME: _____ OTHER: _____ MR/MS/MRS
Circle Appropriate

SEX: MALE FEMALE DATE OF BIRTH: | | | | | | | | | | DD/MM/YY NIS #: | | | | | | | | | |

MAILING ADDRESS: _____
(Please indicate full address)

DISTRICT: _____ HOME TEL # _____

E-MAIL ADDRESS: _____ OFFICE TEL #: _____

NAME & TEL # OF CONTACT PERSON: _____

SECTION B: PARTICULARS OF EMPLOYMENT

STAFF ID: | | | | | | | | | | DATE OF ENTRY INTO SERVICE: | | | | | | | | | | (DD/MM/YY)

POSITION: _____ GRADE/STEP: _____

DATE OF APPOINTMENT TO CURRENT POSITION: | | | | | | | | | | (DD/MM/YY) BASIC MONTHLY SALARY (INCLUDING INCREASE): \$ | | | | | | | | c | | | |

MINISTRY/DEPARTMENT: _____

DIVISION: _____ EMPLOYED ON CONTRACT? YES NO

In the last three years did you receive... ARE YOU CURRENTLY ON STUDY LEAVE WITHOUT PAY? YES NO

TUITION REFUND YES NO ARE YOU CURRENTLY ENROLLED IN THE PROGRAMME OF STUDY? IF YES, STATE THE ACADEMIC YEAR IN WHICH YOU ARE ENROLLED. _____

ECONOMIC COST YES NO

STUDY LEAVE WITH PAY YES NO ARE YOU CURRENTLY BONDED TO THE GOVERNMENT OF ST. LUCIA ? YES NO

SECTION C: PARTICULARS OF STUDY

AREA OF STUDY: _____

LEVEL: CERTIFICATE DIPLOMA BACHELOR POST GRADUATE DIPLOMA MASTERS OTHER: _____
(please specify)

INSTITUTION OF LEARNING: _____

COUNTRY: _____ ACADEMIC YEAR OF INSTITUTION: MONTH: _____ TO MONTH: _____

COMMENCEMENT DATE: | | | | | | | | | | (DD/MM/YY) EXPECTED COMPLETION DATE: | | | | | | | | | | (DD/MM/YY) DURATION OF STUDY: _____

I hereby certify that the information submitted on this application form is true and accurate.

SIGNATURE OF APPLICANT DATE



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SECTION D: TO BE COMPLETED BY THE HEAD OF YOUR MINISTRY/DEPARTMENT

1. PLEASE INDICATE WHETHER YOU SUPPORT THE OFFICER FOR STUDY LEAVE WITH OR WITHOUT PAY.

SUPPORTED NOT SUPPORTED

IF NOT SUPPORTED, PLEASE INDICATE THE REASONS _____

1. INDICATE THE RELEVANCE OF THE TRAINING TO THE OFFICER'S ASSIGNED DUTIES: (tick whichever applicable)

NOT RELEVANT INDIRECTLY RELATED RELEVANT BUT MINOR RELEVANT AND IMPORTANT ESSENTIAL

IF NOT RELEVANT, IS IT RELEVANT TO OTHER PUBLIC SECTOR AGENCIES? YES NO

PLEASE EXPLAIN: _____

2. HOW WILL THIS TRAINING BENEFIT YOUR MINISTRY/DEPARTMENT OR DIVISION?

3. WHAT ARE YOUR REASONS FOR SUPPORTING THE APPLICANT?

(a) INCREASE EFFECTIVENESS IN THE EXISTING JOB

(b) PROFESSIONAL STIMULATION

(c) Other _____
(please specify)

4. MINISTRY'S PRIORITY LEVEL IF OTHER OFFICER(S) ARE NOMINATED FOR THIS STUDY AREA:
(1 - VERY HIGH, 5 - VERY LOW)

1	2	3	4	5
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(Circle appropriate)

5. WHAT ARRANGEMENTS WILL YOU MAKE TO ENSURE UTILIZATION OF SKILLS/KNOWLEDGE UPON COMPLETION OF THE COURSE?

6. HAVE SALARY PROVISIONS BEEN MADE BY YOUR MINISTRY TO MEET THE COST OF THE FIRST YEAR OF THE OFFICER'S STUDY ALLOWANCES? (IF APPLICABLE)

YES NO

7. IN ACCORDANCE WITH CABINET CONCLUSION NO. 1643 OF 1999, INDICATE WHETHER REPLACEMENTS ARE PROPOSED AND THE NATURE OF THE REPLACEMENT ARRANGEMENTS.

Name: _____ Position: _____

Signature: _____



GOVERNMENT OF SAINT LUCIA

STUDY LEAVE APPLICATION FORM



FOR USE OF THE MINISTRY OF THE PUBLIC SERVICE ONLY

APPROVED FOR :

STUDY LEAVE WITH PAY

CABINET CONCLUSION #: OF DATE OF CONCLUSION: DD/MM/YY

START DATE OF AWARD: DD/MM/YY DURATION OF AWARD: _____ PERIOD OF BONDING: _____

STUDY LEAVE WITHOUT PAY

COMMENCE DATE OF AWARD: DD/MM/YY EXPECTED COMPLETION DATE OF STUDIES: DD/MM/YY

START DATE OF AWARD: DD/MM/YY DURATION OF AWARD: _____

COMMENTS BY TRAINING REVIEW COMMITTEE / PERMANENT SECRETARY (PUBLIC SERVICE): _____

SIGNED

OTHER: _____

SIGNED