

GOVERNMENT OF SAINT LUCIA



STUDY LEAVE APPLICATION FORM

APPLICATION FOR: STU	JDY LEAVE WITH PAY	STUDY LEAVE	WITHOUT PAY
SECTION A: PARTICULARS OF AP	PLICANT		
LAST NAME: SEX: MALE FEMALE DATE OF MAILING ADDRESS: (Please indicate full address)		OTHER: DD/MM/YY NIS #:	MR/MS/MRS Circle Appropriate
DISTRICT:	HOME TE	L#	
E-MAIL ADDRESS: NAME & TEL # OF CONTACT PERSON:	<u> </u>	FFICE TEL #:	
SECTION B: PARTICULARS OF EM	PLOYMENT		
STAFF ID: POSITION:	DATE OF ENTRY INTO SE		(DD/MM/YY) GRADE/STEP:
DATE OF APPOINTMENT TO CURRENT POSITION:		ONTHLY SALARY SING INCREASE):	c
MINISTRY/DEPARTMENT: DIVISION:	EM	PLOYED ON CONTRACT?	YES NO
In the last three years did you receive TUITION REFUND YES NO ECONOMIC COST YES NO	WITHOUT PAY? ARE YOU CURRENT	LY ON STUDY LEAVE LY ENROLLED IN THE PRADEMIC YEAR IN WHICH	YES NO ROGRAMME OF STUDY? IF I YOU ARE ENROLLED.
STUDY LEAVE WITH PAY YES NO	ARE YOU CURRENT GOVERNMENT OF	TLY BONDED TO THE ST. LUCIA ?	YES NO
SECTION C: PARTICULARS OF ST	UDY		
AREA OF STUDY:			
LEVEL: CERTIFICATE DIPLOMA	BACHELOR POST GRADIPLOMA		OTHER: (please specify)
INSTITUTION OF LEARNING:			
COUNTRY:	ACADEMIC YEAR OF INSTITUTION:	MONTH:	TO MONTH:
COMMENCEMENT	EXPECTED COMPLETION DATE: (D.	D/MM/YY)	RATION OF STUDY:
I hereby certify that the information submitted	on this application form is true	and accurate.	



GOVERNMENT OF SAINT LUCIA



STUDY LEAVE APPLICATION FORM

IF NOT SUPPORTED NOT SUPPORTED IF NOT SUPPORTED, PLEASE INDICATE THE REASONS INDICATE THE RELEVANCE OF THE TRAINING TO THE OFFICER'S ASSIGNED DUTIES; (Jok whishever applicable) NOT RELEVANT NOT RELEVANT BUTMING RELEVANT MELEVANT AND MELEVANT AND MELEVANT AND MELEVANT, IS IT RELEVANT TO OTHER PUBLIC SECTOR AGENCIES? WHAT ARE YOUR REASONS FOR SUPPORTING THE APPLICANT? (a) INCREASE EFFECTIVENESS IN THE EXISTING JOB (b) PROFESSIONAL STIMULATION (c) Other (please specify) MINISTRY'S PRIORITY LEVEL IF OTHER OFFICER(S) ARE NOMINATED FOR THIS STUDY AREA: (1 YERY HIGH, 5 - VERY LOW) WHAT ARRANGEMENTS WILL YOU MAKE TO ENSURE UTILIZATION OF SKILLS/KNOWLEDGE UPON COMPLETION OF THE COUR		A GE IN DAGA THE WANTE WHEN YOU GUIDDON'T THE OFFICER FOR GRADA A FAVE WARM OR WANTA OF THE DAY
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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 CONCI	LUSION: DD/MM/YY
START DATE OF AWARD: DD/MM/YY DURATION OF AWARD:	PERIOD OF BONDING:
STUDY LEAVE WITHOUT PAY	
COMMENCE DATE OF AWARD: EXPECTED COMPLETION DA	ATE OF STUDIES: DD/MM/YY
START DATE OF AWARD: DD/MM/YY	
COMMENTS BY TRAINING REVIEW COMMITTEE / PERMANENT SECRETARY (PUBLIC SERVICE)):
	SIGNED
OTHER:	
	SIGNED