



GOVERNMENT OF SAINT LUCIA

STUDY LEAVE APPLICATION FORM

For Official Use:

A/Y: _____

SL ID: _____

APPLICATION FOR: STUDY LEAVE WITH PAY STUDY LEAVE WITHOUT PAY

SECTION A: PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ OTHER: _____

SEX: _____ DATE OF BIRTH: _____ AGE: _____ NIS #: _____
(DD/MM/YYYY)

HOME ADDRESS: _____

CITY/TOWN/VILLAGE: _____ HOME #: _____ WORK #: _____

E-MAIL ADDRESS: _____ MOBILE #: _____ OTHER #: _____

NEXT OF KIN

FULL NAME: _____

MAILING ADDRESS: _____ CITY/TOWN/VILLAGE: _____

EMAIL ADDRESS: _____ CONTACT #: _____

SECTION B: EMPLOYMENT INFORMATION

STAFF ID: _____ POSITION: _____

DIVISION: _____

MINISTRY/DEPARTMENT: _____

GRADE/STEP: _____	BASIC MONTHLY SALARY (INCLUDING INCREASE): _____	YEARS OF SERVICE: _____	YEARS IN POST: _____
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DATE APPOINTED TO CURRENT POST: _____ DATE OF ENTRY INTO SERVICE: _____
(DD/MM/YYYY) (DD/MM/YYYY)

SECTION C: STUDY INFORMATION

AREA OF STUDY: _____

LEVEL OF STUDY: _____ OTHER: _____
(please specify)

EDUCATIONAL INSTITUTION: _____

COUNTRY: _____

COMMENCEMENT DATE: _____ <small>(DD/MM/YYYY)</small>	EXPECTED COMPLETION DATE: _____ <small>(DD/MM/YYYY)</small>	DURATION OF STUDY: _____
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DID YOU APPLY FOR A SCHOLARSHIP AWARD TO PURSUE THIS PROGRAMME? YES NO

IF YES, WHICH SCHOLARSHIP PROGRAMME?: _____

SIGNATURE OF APPLICANT

DATE
(DD/MM/YYYY)



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

1. INDICATE WHETHER YOU SUPPORT THE OFFICER FOR STUDY LEAVE. SUPPORTED NOT SUPPORTED

IF NOT SUPPORTED, PLEASE INDICATE THE REASONS:

IF SUPPORTED, WHAT ARE YOUR REASONS FOR SUPPORTING THE OFFICER: (tick whichever applicable)

INCREASE EFFECTIVENESS IN THE EXISTING JOB

PROFESSIONAL STIMULATION

Other _____

2. INDICATE THE RELEVANCE OF THE STUDY AREA TO THE OFFICER'S ASSIGNED DUTIES:

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

PLEASE EXPLAIN:

3. HOW WILL THIS STUDY BENEFIT YOUR MINISTRY/DEPARTMENT OR DIVISION?

4. MINISTRY'S PRIORITY LEVEL IF OTHER OFFICER(S) ARE SUPPORTED FOR THIS STUDY AREA:

(1 - VERY HIGH, 5 - VERY LOW)

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: _____

DATE: _____

(DD/MM/YYYY)