



# GOVERNMENT OF SAINT LUCIA

## STUDY LEAVE WITHOUT PAY APPLICATION FORM



**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM**

1. Please print all responses clearly.
2. The following conditions must be met for your study leave application to be considered.
  - (a) All sections of the form must be completed. Incomplete forms will be rejected, without consideration.
  - (b) Your area of study should be on the Government's List of Approved Areas for National Training for the Academic Year 2005/2006, and must be of relevance to your Agency.
  - (c) You must be on permanent establishment with at least one (1) year of continuous service.
  - (d) You are not employed in a contractual position, or employed on contract.
  - (e) You are not currently on leave of absence or on secondment.
  - (f) Your completed form must be submitted through your Permanent Secretary or Head of Department, and must have his/her support.
3. The submission of a letter of acceptance from the School/ Institution is compulsory when submitting your application for Study Leave without Pay.



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### 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 #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME TEL #: \_\_\_\_\_  
(Please indicate full address)

NAME OF CONTACT PERSON & TEL #: \_\_\_\_\_

### 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) EMPLOYED ON CONTRACT?  YES  NO

MINISTRY/DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_ OFFICE TEL #: \_\_\_\_\_

IN THE LAST THREE (3) YEARS DID YOU RECEIVE... DID YOU RECEIVE A SCHOLARSHIP/FELLOWSHIP?  YES  NO

TUITION REFUND  YES  NO IF YES, PLEASE STATE THE FUNDING AGENCY: \_\_\_\_\_

ECONOMIC COST  YES  NO \_\_\_\_\_

STUDY LEAVE WITH PAY  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: \_\_\_\_\_ IS IT RECOGNIZED BY THE MINISTRY OF EDUCATION?  YES  NO

COMMENCEMENT DATE: \_\_\_\_\_ (DD/MM/YY) EXPECTED COMPLETION DATE: \_\_\_\_\_ (DD/MM/YY)

ACADEMIC YEAR OF INSTITUTION: \_\_\_\_\_ MONTH: \_\_\_\_\_ TO MONTH: \_\_\_\_\_ DURATION OF PROGRAMME: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION FORM IS TRUE AND ACCURATE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT



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**SECTION D: TO BE COMPLETED BY YOUR MINISTRY/DEPARTMENT**

1. PLEASE INDICATE WHETHER YOU DO OR DO NOT SUPPORT THE OFFICER FOR STUDY LEAVE 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 USEFUL 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. WHAT ARRANGEMENTS WILL YOU MAKE TO ENSURE UTILIZATION OF SKILLS/KNOWLEDGE UPON COMPLETION OF THE COURSE?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. INDICATE WHETHER REPLACEMENTS ARE PROPOSED AND THE NATURE OF THE REPLACEMENT ARRANGEMENTS.

\_\_\_\_\_  
 \_\_\_\_\_

*Signed:* \_\_\_\_\_  
 PERMANENT SECRETARY/HEAD OF DEPARTMENT



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**FOR USE OF THE MINISTRY OF LABOUR RELATIONS, PUBLIC SERVICE AND COOPERATIVES ONLY**

DATE AND TIME RECEIVED: 

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 DD/MM/YY      TIME 

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SIGNED

COMMENTS BY THE PERMANENT SECRETARY, MINISTRY OF LABOUR RELATIONS, PUBLIC SERVICE & CO-OPERATIVES: \_\_\_\_\_

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**APPROVED**       **NOT APPROVED**

OTHER: \_\_\_\_\_

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\_\_\_\_\_

COMMENCEMENT DATE OF AWARD: 

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 MM/DD/YY      DURATION OF AWARD: \_\_\_\_\_

EXPECTED COMPLETION DATE OF STUDIES: 

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 MM/DD/YY