



GOVERNMENT OF SAINT LUCIA

STUDY LEAVE WITH PAY APPLICATION FORM



IMPORTANT: PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM.

1. Please print **all** responses **clearly** and **legibly**.
2. An application for 'Study Leave with Pay' will only be considered if **ALL** of the following conditions are met:
 - (a) **ALL** sections of the form **must** be completed. Incomplete forms will automatically be **rejected**.
 - (b) Area of study **must** be on the Government's List of Approved Areas for National Training for the academic year 2005/2006. The Priority List is issued by the Ministry of Education, Human Resource Development, Youth and Sports.
 - (c) **At least five years** of continuous service in the Public Service.
 - (d) You have not received a Government endorsed award (i.e. scholarship, study leave with pay, economic cost, tuition refund) during the 3 years preceding the start of your studies.
 - (e) You **must** be on 'permanent establishment' and not employed on contract.
 - (f) You are not currently on leave of absence or on secondment.
 - (g) Your completed form must be submitted through your Permanent Secretary or Head of Department.
 - (h) Your completed form must reach the Ministry of Labour Relations, Public Service and Cooperatives **on or before April 29, 2005**.
3. The submission of a letter of acceptance from the School/Institution is not compulsory when submitting your application for an award. However, you must submit one if Cabinet grants you an award in order to effect the award.
4. Please submit a copy of your most recent salary slip along with your application.
5. Please ensure that you are guided by the "Notes on Study Leave With Pay Policy". (copy attached)
6. **ALL** applications must be accompanied by:
 - (i) Statement of officer's conduct and work ethics and average of three (3) **most recent** performance appraisal scores. (form attached)
 - (ii) Documentary proof that you have applied to the Educational Institution.



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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: _____
(Please indicate full address)

DISTRICT: _____ HOME TEL #: _____

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

ACCT CLASSIFICATION/ HEAD SUB: _____ BASIC MONTHLY SALARY + INCREASE: \$ _____ c _____

MINISTRY/DEPARTMENT: _____

DIVISION: _____ OFFICE TEL #: _____

IN THE LAST THREE (3) YEARS DID YOU RECEIVE...
TUITION REFUND YES NO ARE YOU CURRENTLY ON STUDY LEAVE WITHOUT PAY? YES NO

ECONOMIC COST YES NO IF YES, PLEASE STATE YEAR CURRENTLY ENROLLED IN _____

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 ACCREDITED 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 WITH 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?

YES NO

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

Signed: _____

