

**APPLICATION FOR LEAVE OF ABSENCE DURING NIE TERM TIME
ON GROUND OF URGENT PRIVATE AFFAIRS (UPA)**

Application for leave must be submitted no less than 7 days in advance. A drop-box for leave applications is located at NIE Student Services Centre (Student Hub, Level 1). Student teachers should not go on leave until approval has been obtained. Please produce the approval letter/email to your respective tutors or lecturers.

1) To be completed by Applicant (UPA capped at 10 days per calendar year, excluding (j))

Name: _____ Programme: _____
 Mr / Mrs / Miss / Mdm / Dr*
 NRIC No: _____ Specialisation: _____
 Postal Address: _____ Year of Study: 1st / 2nd / 3rd / 4th* Intake: Jan / Jul* 20____
 Home / HP No: _____
 Singapore (_____) Email: _____

| <u>Reason for leave</u> Documentary evidence is required in support of your application | <u>Leave Dates</u> | <u>No of Days</u> | <u>Yearly Limit Reference</u> (The limits on the number of days for the various reasons are to be used as a guide only.) |
|--|--------------------|-------------------|--|
| a) Engagement | | | 1 day |
| b) Marriage of Officer | | | Up to 3 days, in addition to marriage leave under pro-family leave benefits. |
| c) Marriage of family members~ | | | 1 day per occasion |
| d) Selection of HDB Flat | | | 1 day per occasion |
| e) Convocation of officer and family members~ | | | 1 day per occasion |
| f) Parents Visitation Day at NS Camp | | | 1 day per occasion |
| g) Wife's Delivery | | | 1 day per occasion |
| h) Serious illness of family members~ | | | Up to 4 days per occasion |
| i) Bereavement and religious rites in connection with the death of family members~ | | | Up to 2 days per occasion (family members include spouse, siblings, parents, step-parents, parents-in-law and children) |
| j) Sick Leave without MC (Strictly applicable for days with <u>no</u> tests / assignments / projects etc. and BTOP) | | | Up to 2 days of sick leave, subject to 1 day of sick leave per episode of illness based on officer's medical entitlement. If an officer needs more than 1 day's rest at home, it would need to be supported by a MC. |
| k) Other good reasons (please state): | | | Up to 3 days per occasion |

~Please indicate relationship of family member for leave to be taken under reasons c, e, h, i and k: _____ (eg. Father)

I have / do not have any* Test / School Experience / Practicum / other forms of assessments during the proposed period of leave:

Test / Assessments on: _____ (Date) / _____ (Course code)
 TA / TP / TP2 / Re-TP* at: _____
 (School Name)

I undertake that applications for leave during term time, even on no-pay basis, are not meant for holiday purposes, attending festivals or events for personal interest or as an extension of public holidays. Such applications will not be granted. I understand that disciplinary action may be taken against me should the above declaration be false.

Signature of Applicant & Date

2) To be completed by NIE – Office of Academic Administration and Services (NIE / OAAS)

(Please tick (✓) in appropriate box)

- SUPPORTED for period from _____ to _____
- NOT SUPPORTED.
(Remarks : _____)

Name/Designation/Signature/Date

Please email^ the completed UPA leave application form with supporting documents to:-

| HR Solutions & Capabilities Division (HSCD) | Email Address^ |
|---|------------------------|
| Employee Engagement Centre (Trainee Teacher) (EEC(TT)) | moe_eec_ttm@moe.gov.sg |
| Employee Engagement Centre (Allied Educators) (EEC(AE)) | moe_eec_aed@moe.gov.sg |

^ For scanned copy of application with required signatures.

3) To be completed by MOE HSCD EEC(TT) / EEC(AE)**a) Checked and verified by**

- The applicant has taken _____ days of UPA from 1 January of this year to date.
- The applicant has taken ____ (____) days of sick leave w/o MC (Total sick leave taken) from 1 January of this year to date.

Name/Designation/Signature/Date**b) Approved by (Please tick (✓) in appropriate box)**

- APPROVED for period from _____ to _____
- NOT APPROVED.
(Remarks : _____)

Name/Designation/Signature/Date**4) HRMS Update : To be completed by Vital.org@Benefits**HRMS updated by: _____
Name/Designation/Signature/Date