



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

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: \_\_\_\_\_ EXPECTED COMPLETION DATE: \_\_\_\_\_ DURATION OF STUDY: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

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)