



GOVERNMENT OF SAINT LUCIA

STUDY LEAVE APPLICATION FORM



APPLICATION FOR: STUDY LEAVE WITH PAY ☐ STUDY LEAVE WITHOUT PAY ☐

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 #: _____

MAILING ADDRESS: _____
(Please indicate full address)

DISTRICT: _____ HOME TEL # _____

E-MAIL ADDRESS: _____ OFFICE TEL #: _____

NAME & TEL # OF CONTACT PERSON: _____

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) BASIC MONTHLY SALARY (INCLUDING INCREASE): \$ _____ c _____

MINISTRY/DEPARTMENT: _____

DIVISION: _____ EMPLOYED ON CONTRACT? ☐ YES ☐ NO

In the last three years did you receive...

TUITION REFUND ☐ YES ☐ NO

ECONOMIC COST ☐ YES ☐ NO

STUDY LEAVE WITH PAY ☐ YES ☐ NO

ARE YOU CURRENTLY ON STUDY LEAVE WITHOUT PAY? ☐ YES ☐ NO

ARE YOU CURRENTLY ENROLLED IN THE PROGRAMME OF STUDY? IF YES, STATE THE ACADEMIC YEAR IN WHICH YOU ARE ENROLLED. _____

ARE YOU CURRENTLY BONDED TO THE GOVERNMENT OF ST. LUCIA ? ☐ 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: _____ ACADEMIC YEAR OF INSTITUTION: MONTH: _____ TO MONTH: _____

COMMENCEMENT DATE: _____ (DD/MM/YY) EXPECTED COMPLETION DATE: _____ (DD/MM/YY) DURATION OF STUDY: _____

I hereby certify that the information submitted on this application form is true and accurate.

SIGNATURE OF APPLICANT

DATE



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

1. PLEASE INDICATE WHETHER YOU SUPPORT THE OFFICER FOR STUDY LEAVE WITH OR 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 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

(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? (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: _____



GOVERNMENT OF SAINT LUCIA

STUDY LEAVE APPLICATION FORM



FOR USE OF THE MINISTRY OF THE PUBLIC SERVICE ONLY

APPROVED FOR :

☐

STUDY LEAVE WITH PAY

CABINET CONCLUSION #: OF DATE OF CONCLUSION: DD/MM/YY

START DATE OF AWARD: DD/MM/YY DURATION OF AWARD: _____ PERIOD OF BONDING: _____

☐

STUDY LEAVE WITHOUT PAY

COMMENCE DATE OF AWARD: DD/MM/YY EXPECTED COMPLETION DATE OF STUDIES: DD/MM/YY

START DATE OF AWARD: DD/MM/YY DURATION OF AWARD: _____

COMMENTS BY TRAINING REVIEW COMMITTEE / PERMANENT SECRETARY (PUBLIC SERVICE): _____

SIGNED

OTHER: _____

SIGNED