

STUDY LEAVE APPROVAL FORM

A new form is to be submitted at least two weeks before the beginning of each term or semester. Any approval given is only valid for one semester or term at a time.

INFORMATION ON APPLICANT

Name: _____ Payroll No: _____

Post title: _____ Salary grade: _____

Department: _____ Ministry: _____

PROPOSED STUDY COURSE DETAILS

Name of course: _____ *(please attachment proof of enrolment)*

Name of organisation: _____ Location: _____

Dates of this Semester or Term: _____

Days of the week and times you wish to take study leave:

Course fees: _____ Estimated text book costs: _____

Do you have any sponsorship for any of this cost? If yes, name of sponsor: _____

I certify that the above statement is true and accurate and I have attached proof of my enrolment.

Applicant's signature: _____ Date: _____

TRAINING NEEDS IDENTIFICATION *(to be filled out by the Director):*

What skill requirement of the Department or Ministry does this study activity meet?

What identified training need of the staff member does this study activity meet?:

STUDY LEAVE APPROVED: YES/NO Date: _____
(please circle the appropriate answer)

Director General/Director - Name: _____ Signature: _____
 Date: _____