

EDR 12

**MINISTRY OF EDUCATION
APPLICATION FOR LONG LEAVE
ED. RULE 81 (5), S.I. 87 of 2012**

Application form must be completed in TRIPLICATE and submitted to the Managing Authority, through the Principal, by 30th September for leave to commence 1st April and by 31st December for leave to commence 1st September.

<p><u>Procedures:</u></p> <p>1. Submission of completed application form to Principal.</p> <p>2. Principal forwards application to the Managing Authority.</p> <p>3. Managing Authority verifies details provided by the teacher.</p> <p>4. Managing Authority reviews and negotiates with teacher vide Ed. Rule 81 (9).</p> <p>5. TSC approves Long Leave and notifies teacher, through the Managing Authority</p> <p>Verification of Details</p> <p>Details are accurate</p> <p>Study Leave () Yes () No</p> <p>Leave Without Pay () Yes () No</p> <p>Long Leave () Yes () No</p>	A. APPLICANT'S BIOGRAPHICAL DATA			
	1. NAME			
		Last Name	First Name	Middle Name
	2. SCHOOL			
	3. DISTRICT			
	4. MANAGING AUTHORITY			
	B. EMPLOYMENT HISTORY			
	5. Date of Initial Employment:			
		D	M	Y
	6. Management(s) by whom previously employed (if applicable)	From:		To:
		From:		To:
		From:		To:
		From:		To:
	Length and Period of service: _____ years		From:	To:
	C. CURRENT SALARY RATE			
8. Pay Scale: _____		Annual Salary: _____		
D. LEAVE HISTORY				
9. Has Study Leave been granted before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, state period(s) for which leave was granted:		From:	To:	
		From:	To:	
10. Has Leave Without Pay been granted before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, state period(s) for which leave was granted:		From:	To:	
		From:	To:	
11. Has Long Leave been granted before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, state period(s) for which leave was granted:		April to June _____(year)		
		September to November _____(year)		

	12. Long Leave is requested for the period:	April to June of _____ (year)		
		September to November of _____ (year)		
	E. CERTIFICATION			
	I certify that the information provided above is to the best of my knowledge true and accurate.			
	Signature of Applicant			D M Y
	<i>FOR OFFICE USE</i>			
<u>PRINCIPAL</u>				
	Application Received:			By:
		D	M	Y
		Signature		
	Application forwarded to Managing Authority			By:
		D	M	Y
		Signature		
<u>MANAGING AUTHORITY</u>	Application Received:			By:
		D	M	Y
		Signature		
	Particulars for the eligible period of service as given on this form have been verified.			By:
		D	M	Y
		Signature		
	Long Leave recommended for:			
	<input type="checkbox"/>	April to June _____ (year)		
	<input type="checkbox"/>	September to November _____ (year)		
<u>TEACHING SERVICE COMMISSION</u>	Application Received:			By:
		D	M	Y
		Signature		
	Particulars for the eligible period of service as given on this form have been verified.			By:
		D	M	Y
		Signature		
	Long Leave Approved for:			
	<input type="checkbox"/>	April to June _____ (year)		
	<input type="checkbox"/>	September to November _____ (year)		
		D	M	Y
	Signature			