

EDR 14

**MINISTRY OF EDUCATION
APPLICATION FOR STUDY LEAVE WITH OR WITHOUT PAY
ED. RULE 83, S.I. 87 of 2012**

Application form must be completed in TRIPPLICATE and submitted to the Managing Authority, through the Principal, by 31st December for leave to commence on September 1st following. A teacher shall have served at least one full school year in the teaching service to be eligible for study leave and must provide proof of acceptance into an institution of higher studies.

<p><u>Procedures:</u></p> <ol style="list-style-type: none"> Submission of completed application form with all required supporting documents to Principal. Principal completes relevant section and forwards application to the Managing Authority. Managing Authority verifies details, makes recommendation and forwards application to Ministry of Education. TSC makes final determination. <p>Verification of Details Details are accurate</p> <ol style="list-style-type: none"> Initial employment () Yes () No Length & Period of Service () Yes () No Qualifications () Yes () No Licence () Yes () No Course information complete () Yes () No 	A. APPLICANT'S BIOGRAPHICAL DATA									
	1. NAME									
			<i>Last Name</i>			<i>First Name</i>			<i>Middle Name</i>	
	2. SCHOOL									
	3. DISTRICT									
	4. MANAGING AUTHORITY									
	B. EMPLOYMENT HISTORY									
	5. Date of Initial Employment:									
			D	M	Y					
	6. Length and Period of service: _____ years		From				To:			
			D	M	Y		D	M	Y	
C. ACADEMIC & PROFESSIONAL QUALIFICATIONS										
7. Highest qualification achieved:		<input type="checkbox"/>	High School Diploma							
		<input type="checkbox"/>	Associate Degree-Non Education							
		<input type="checkbox"/>	Associate Degree-Education							
		<input type="checkbox"/>	Bachelor's Degree - Non-Education							
		<input type="checkbox"/>	Bachelor's Degree - Education							
		<input type="checkbox"/>	Master's Degree – Non-Education							
		<input type="checkbox"/>	Master's Degree – Education							
		<input type="checkbox"/>	Other (specify)							
8. Date qualification achieved:										
9. Type of Licence		<input type="checkbox"/>	Full							
		<input type="checkbox"/>	Provisional							

	D. COURSE OF STUDY								
	10. Provide the following information on the course of study	Institution offering course							
		Name of course							
		Duration of course							
		Qualification to be acquired							
6. Letter attached () Yes () No Details are accurate () Yes () No () Yes () No () Yes () No	11. Attach a certified copy of letter of acceptance from the institution offering the proposed course of study.								
	12. Length and Period for which study leave is being requested: _____ years	From				To:			
			D	M	Y		D	M	Y
	E. LEAVE HISTORY (D/M/Y)								
	13. Previous Study Leave granted	From:			To:				
		From:			To:				
	14. Professional Development Leave granted:	From:			To:				
		From:			To:				
	15. Special Leave granted:	From:			To:				
		From:			To:				
Signature						D	M	Y	

<u>PRINCIPAL</u>	<i>FOR OFFICE USE</i>							
	Application Received:				By:			
		D	M	Y		Signature		
	In the space below, explain how this program of study will OR will not benefit the school / institution.							
	Application for Study Leave is	<input type="checkbox"/>	Supported					
		<input type="checkbox"/>	Not supported					
Signature						D	M	Y

MANAGING AUTHORITY	Application Received:					
		D	M	Y	Signature	
	Verification of details completed on					
		D	M	Y	Signature	
	Study Leave	Recommended with pay				
		Recommended without pay				
		Not Recommended				
	Comments:					
		Signature			D	M
TEACHING SERVICE COMMISSION	Application Received:					
		D	M	Y	Signature	
	Verification of details completed on					
		D	M	Y	Signature	
	Study Leave	<input type="checkbox"/>	Approved with pay			
		<input type="checkbox"/>	Approved without pay			
		<input type="checkbox"/>	Not Approved			
	Comments:					
		Signature			D	M