

**MINISTRY OF EDUCATION
APPLICATION FOR: SPECIAL LEAVE
ED. RULE 84 (3), S.I. 87 of 2012**

Application form must be completed in TRIPPLICATE and forwarded to the Managing Authority, through the Principal, not less than two weeks prior to the commencement of such leave.

<p><i>Procedures:</i></p> <p>1. Submission of completed form along with evidence of nomination and event to Principal.</p> <p>2. Principal makes recommendation and forwards form to Managing Authority.</p> <p>3. Managing Authority verifies particulars provided in the application, makes recommendation and forwards application to TSC for leave exceeding 10 days.</p> <p>4. TSC makes final determination on Special Leave application.</p> <p>5. Copies 1 and 2 of form returned to Managing Authority.</p> <p>6. Copy 1 of form returned to Principal, who informs the applicant of the decision.</p> <p>Verification of Details Details are accurate for:</p> <p>Evidence submitted () Yes () No</p> <p>Special Leave History () Yes () No</p>	A. APPLICANT'S BIOGRAPHICAL DATA							
	1. NAME							
		Last Name		First Name		Middle Name		
	2. SCHOOL							
	3. DISTRICT							
	4. MANAGING AUTHORITY							
	B. PURPOSE FOR SPECIAL LEAVE							
	5. State briefly the reason for the request (e.g. annual BDF training, international sports, cultural event)							
	6. Nominating Institution / Organization where applicable							
	7. Venue of the event where applicable							
	8. Attach supporting documents to this application form.							
	9. Number of days and period for which leave is being requested:					_____ days		
	From				To			
		D	M	Y		D	M	Y
	C. SPECIAL LEAVE HISTORY for CURRENT SCHOOL YEAR							
	10. Special Leave granted this school year?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	If YES, for each instance state :							
	(i) Purpose							
	Period	From			To:			
			D	M	Y	D	M	Y
(ii) Purpose								
Period	From			To:				
		D	M	Y	D	M	Y	
D. INSTRUCTIONAL MATERIALS								
11. I agree to prepare and submit the following:			<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Test(s) <input type="checkbox"/> Home Work <input type="checkbox"/> Worksheets <input type="checkbox"/> Other (specify)					
Signature of Applicant					D	M	Y	

		FOR OFFICE USE					
<u>PRINCIPAL'S RECOMMENDATION</u>	Application Received:				By:		
		D	M	Y	Signature		
	Instructional arrangements made by this teacher are	<input type="checkbox"/>	Satisfactory				
		<input type="checkbox"/>	Not satisfactory				
	During the period a replacement teacher	<input type="checkbox"/>	Will not be needed.				
		<input type="checkbox"/>	Will be needed	From:	To:		
	This application for Special Leave is	<input type="checkbox"/>	Supported				
		<input type="checkbox"/>	Not supported				
		Signature			D	M	Y
<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	
	Special Leave of _____ days	<input type="checkbox"/>	Recommended		<input type="checkbox"/>	Not Recommended	
	Comments:						
	Signature			D	M	Y	
COMMISSION	Application Received:						
		D	M	Y			
	Special Leave of _____ days	<input type="checkbox"/>	Approved		<input type="checkbox"/>	Not Approved	
	Comments:						
	Signature			D	M	Y	