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 <u>one semester or term</u> at a time.

<u>INFORMATION ON APPLICANT</u>

Name: _____

Post title: _____ **Salary/Level:** _____

Section/Unit: _____ **Provincial Council:** _____

<u>PROPOSED STUDY COURSE DETAILS</u>

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:** _____

<u>TRAINING NEEDS IDENTIFICATION</u> ***(to be filled out by the Secretary General)*:**

What skill requirement of the Provincial Council 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*)

<u>Secretary General</u> - Name:_____ Signature:_____
Date:_____