



STUDY LEAVE/DAY RELEASE

APPLICATION FORM

2019/2020 ACADEMIC YEAR

This form is to be used by officers in the <u>Central Government Service of Jamaica</u> who are eligible for the grant of Study Leave or Day Release.

INSTRUCTIONS/NOTES:

- 1. The form may be completed manually or electronically and printed for signatures and official seal.
- 2. Read all instructions carefully before completing this form.
- 3. Answer all questions completely by filling in the blank spaces provided and ticking the appropriate boxes.
- 4. Study Leave will not be granted to pursue online courses.
- 5. Applicants with less than three (3) years' permanent service will not normally be considered for the grant of **Study Leave**.
- 6. Applications for full-time Study Leave **MUST** be received in this office no later than **Friday, March 29, 2019**.
- 7. Applicants (permanent and temporary) with less than one (1) year's continuous service will not normally be considered for **Day Release**.
- 8. Applications for **Day Release** will be received throughout the academic year and must be submitted to the Office of the Services Commissions at least one (1) month before the commencement of the course.
- 9. Where letters of acceptance have been received, the originals or certified copies should be attached to the Application Form.
- 10. Applicants who have **not yet** received letters of acceptance/transfer to full-time study are asked to forward the letters as soon as they are received. Failure to do so will delay the processing of the applications.
- 11. **All application forms <u>must</u> have original signatures**. Old application forms are **NOT** to be used and will not be accepted.

/	TO BE COMPLETED BY HR
,	Name of Ministry/Department
	Telephone Number of Ministry/Department
	Official e-mail address
	Date application was submitted by applicant to HR
	Name
\	Signature Organisation's Official Seal

INDICATE TYPE OF LEAVE BEING REQUESTED

Study Leave

Day Release

${\bf PLEASE\ TYPE,\ OR\ PRINT\ WITH\ BALLPOINT\ PEN\ (BLACK/BLUE\ INK)}$

1.PERSONAL DATA	•						
Surname	First		Middle				
Marital Status:	Date of Birth	Home Phone	Mobile				
Mr.	(dd/mm/yy)						
Mrs.		Fax Number	E-mail				
Miss							
Present Mailing Address							
2. EMPLOYMENT D	OATA						
Date of First Employment		Date of First Permanent A	ppointment				
Substantive Post		Date of Appointment to S	ubstantive Post				
Give a brief description of y	your main duties						
3. PREVIOUS APPLI	ICATION FOR ST	TUDY LEAVE OR DA	Y RELEASE				
Have you previously applied	d for Study Leave or Da	ay Release? If yes, state v	which one				
Yes	No						
Was your application success	ssful?	If was a mayyam tha a	than quartians in this section				
Yes	No	If no, move to sect	ther questions in this section.				
	idy did you pursue?						
		urse?d?					
Did you complete	the course?						
	Yes	Yes No					
If no, state reason							
If no, state reason							
		STUDY (Compulsory C	Completion)				
	OSED AREA OF S	· •	Completion) LEVEL OF STUDY				
4. CURRENT/PROPO	OSED AREA OF S	· •	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO	OSED AREA OF States at the state of the stat	uing	LEVEL OF STUDY				
4. CURRENT/PROPO Name of programme you in Name of Institution	OSED AREA OF States at the state of the stat	uing	LEVEL OF STUDY Certificate Diploma				
4. CURRENT/PROPONAME of programme you in	OSED AREA OF States at the state of the stat	uing	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution	OSED AREA OF States at the state of the stat	uing	LEVEL OF STUDY Certificate Diploma Degree: ASc MA				
4. CURRENT/PROPO Name of programme you in Name of Institution	OSED AREA OF S	uing	LEVEL OF STUDY Certificate Diploma Degree:				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme	osed Area of stend to pursue/are pursuaccredited by the UCJ*	or other body?	LEVEL OF STUDY Certificate Diploma Degree: ASc MA				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location	osed Area of stend to pursue/are pursuaccredited by the UCJ*	uing	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution results.	osed Area of State of the decision of the deci	or other body?	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme	osed Area of State of the decretation of the decret	or other body?	LEVEL OF STUDY Certificate				
A. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution results of the programme and indicate: Is the institution and indicate: Is the institution of the programme and indicate: Is the programme and indicate: Is the institution of the programme and indicate: Is th	accredited by the UCJ* proof regarding accredit	or other body?	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution results.	accredited by the UCJ* proof regarding accredit	or other body?	LEVEL OF STUDY Certificate				
A. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution reference and indicate are submit the requisite part of the submit the submit the submit the submit the requisite part of the submit	accredited by the UCJ* proof regarding accredit	or other body? or other body? tation and registration.	LEVEL OF STUDY Certificate				
A. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution reference and indicate are submit the requisite part of the submit the submit the submit the submit the requisite part of the submit	accredited by the UCJ* proof regarding accredit	or other body? or other body? tation and registration.	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme in Indicate: Is the institution reference in the institution of programme in the requisite programme in the institution of James in the Institu	accredited by the UCJ* egistered by the UCJ proof regarding accredit	or other body? or other body? tation and registration	LEVEL OF STUDY Certificate				
A. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution reference and indicate are submit the requisite part of the submit the submit the submit the submit the requisite part of the submit	accredited by the UCJ* egistered by the UCJ proof regarding accredited inaica (months/years)	or other body? or other body? tation and registration	LEVEL OF STUDY Certificate				
A. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution result of the programme and indicate: Is the institution of Please submit the requisite part of the programme and indicate	accredited by the UCJ* egistered by the UCJ proof regarding accredited accredited (months/years) amme	or other body? or other body? tation and registration.	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme in Indicate: Is the institution reference in the institution of programme in the requisite programme in the institution of James in the Institu	accredited by the UCJ* egistered by the UCJ proof regarding accredited accredited (months/years) amme	or other body? or other body? tation and registration.	LEVEL OF STUDY Certificate				
4. CURRENT/PROPO Name of programme you in Name of Institution Address/Location Indicate: Is the programme and indicate: Is the institution reference and indicate: Is the programme and indicate: Is the institution reference and indicate: Is the programme and indicate: Is the institution reference and indit	accredited by the UCJ* egistered by the UCJ proof regarding accredit acica (months/years) amme (Full-Time ed (months and with	or other body?	LEVEL OF STUDY Certificate				

Statement of Purpose	Outline your reason(s) for pursuing this course of study			
5. EDUCATIONAL BACKGROUND List previously attended institutions starting with the most recent				
List previously attended institutions start				
Name of University/College/School	From To Qualification Date received or expected (mm/yy) obtained (dd/mm/yy)			
Financing How do	you intend to finance your studies?			
Self Loan	Scholarship			
If scholarship, provide details of applicat	ion:			
6. STATEMENT BY APPLICA (a) To be completed by applicant for <u>ST</u>				
	n this form is true and accurate. I understand, that should my application be			
successful, I will be required to execute	a Loan Agreement undertaking to resume duties in the Public Service for			
a specified period or to repay the amount				
Signature	Date OR			
(b) To be completed by applicant for DA	_			
I declare the information provided on thi				
Signature	Date			
	NT'S IMMEDIATE SUPERVISOR			
Briefly comment on the applicant's performance training is important to the applicant's w	ormance, suitability to undertake the proposed course of study and how the ork/ career goals.			
3 1 11				
Name of immediate Supervisor	Signature			
Post	Date			
Has the officer had any disciplinary proc	edure instituted against him/her in the last year? Yes No			
If yes, please specify the outcome:				
j, p speerly the outcome.				
ENDORSED: Yes No				
Name of Head of Division/ Unit	Signature			
Post	Date			

SECTION 8 TO BE COMPLETED BY HEAD OF MINISTRY/DEPARTMENT

8. STATEMENT BY PERMANENT SECRETARY/HEAD OF DEPARTMENT					
Will a replacement be needed to Day Release?	perform the duties of the officer who has been granted Study Leave or				
Yes No	If no, please explain how the work of the Division/Unit will be carried out.				
Will funds be available to meet the costs associated with the grant of Study Leave on a full-time basis?					
Yes No	Comment on how the proposed training will benefit the organisation and /or the wider Service.				
Is the application for Study Leave/Day Release supported by the Permanent Secretary/Head of Department?					
Yes No	Name (Please print in block capitals) Signature Post Date				

IMPORTANT!!!

- a) STUDY LEAVE WILL NOT BE GRANTED TO PURSUE ONLINE COURSES.
- b) Applicants must ensure that all information submitted is accurate and true. Where it is discovered that the information submitted is incorrect or falsified, the Study Leave/Day Release granted may be revoked and the officer subjected to disciplinary procedures.
- c) Where the delivery mode of the programme has changed (e.g., from full-time to part-time), this **must** be reported to the Chief Personnel Officer immediately. Failure to do so may constitute a breach of the conditions of the Study Leave granted, and the officer may be subjected to disciplinary measures.
- d) Applicants should consult the relevant sections of the Staff Orders for the Public Service (2004) which outline the Study Leave and Day Release provisions and, where necessary, seek clarification from their Human Resource Manager/Personnel Director or the Ministry of Finance and the Public Service (<u>Public Service Establishment Division</u>). Officers in receipt of a travelling allowance who intend to study overseas should direct their attention to Staff Order 11.6.2 (v).
- e) Applicants are to consult with the Ministry of Finance and the Public Service (Scholarships and Assistance Unit) for matters relating to the execution of a Loan/Bonding Agreement (where applicable).
- f) Applicants are directed to read Circular No. 25 Ref. No. 59/40 dated September 15, 2005 and Circular No. 42 Ref. No. 59/40 dated November 24, 2008 from the Ministry of Finance and the Public Service.
 - These circulars outline the policy for the granting of increments for additional qualifications. (see www.mof.gov.jm).
- g) If the applicant has cancelled or deferred the programme he/she was pursuing, then the Chief Personnel Officer is to be informed in writing by the Ministry/Department.
- h) Applicants have a right to appeal the decision of the Permanent Secretary/Head of Department in the event that the Ministry/Department does not support their application for Study Leave. Appeals **MUST** be sent to the Public Service Commission (PSC) via the Chief Personnel Officer within fourteen (14) working days of communication of the decision.
- i) Where applicants have been denied Study Leave by the PSC, they may write to the PSC requesting that the decision made be reconsidered.