

**MINISTRY OF EDUCATION**  
**Application for Sabbatical Leave**

1. (a) NAME: .....  
SCHOOL: .....  
POSITION: ..... DISTRICT: .....  
DATE OF BIRTH: .....  
DATE OF ENTRY INTO TEACHING SERVICE: .....  
PERIOD DESIRED: FROM ..... TO .....

2. (a) PURPOSE OF LEAVE: .....  
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- (b) INSTITUTION AT WHICH SABBATICAL LEAVE WILL BE UNDERTAKEN  
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- (c) AT WHICH STAGE OF THE PROGRAMME ARE YOU CURRENTLY?  
(Please provide documentary evidence).  
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- (d) HOW WILL THE PROGRAMME BE FUNDED? (Please provide documentary evidence). Please refer to No. 2 (b) (iv) of the Sabbatical Leave Guidelines.

- (e) A BRIEF STATEMENT ON HOW THIS PROGRAMME WOULD BENEFIT YOU, THE SCHOOL AND THE EDUCATION SYSTEM.  
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3. PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED BY PLACING A TICK AFTER EACH IN THE BOXES PROVIDED

- ☐ PROPOSAL  
☐ CURRICULUM VITAE

## FOR OFFICIAL USE ONLY

### 4. RECOMMENDATION OF PRINCIPAL/SCHOOL SUPERVISOR

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- ❖ If application is a teacher-only the principal's comments are required, and the application should be forwarded directly to the Benefits Administration Section.
- ❖ If applicant is a Vice Principal the Principal's and School Supervisor III's comments are required and the application should be forwarded directly to the Benefits Administration Section.
- ❖ If applicant is a Principal the School Supervisor III's comments are required and the application should be forwarded directly to the Benefits Administration Section.