

**GHANA EDUCATION SERVICE
APPLICATION FOR STUDY LEAVE WITH PAY
PERSONAL PARTICULARS**

Institution Applied to:.....

Surname:.....

Other Names:.....

Registered No.:.....

No. of years of Service:.....

Grade/ Rank:.....

Date of Birth:.....

Present Institution/ Unit/ Office:.....

Address of Present Institution/Unit/Office:.....

Last Course Attended (Not Workshops/Seminars):.....

Period of Course:.....

No. of years after last course:.....

PARTICULARS OF EMPLOYMENT (INCLUDING SECONDMENT LEAVE OF ABSENCE ETC)

INSTITUTION/ OFFICE	FROM	TO	REMARKS

ACADEMIC QUALIFICATION

LEVEL	SUBJECT PASSED	YEAR

PROFESSIONAL QUALIFICATION (STARTING FROM THE MOST RECENT)

COURSE	INSTITUTION	FROM	TO	DATE OF AWARD OF CERTIFICATE

PARTICULARS ABOUT THE COURSE TO BE PURSUED

COURSE	INSTITUTION	SUBJECT	DURATION

MAJOR SUBJECT FOR POST-GRADUATE/DEGREE OR DIPLOMA:

SIGNATURE OF APPLICANTS:

RECOMMEND/NOT RECOMMENDED:

SIGNATURE OF HEAD OF SECOND CYCLE INSTITUTION/REGIONAL
MANAGER (WHERE APPLICABLE)

.....

NAME:

SIGNATURE:

OFFICIAL STAMP AND DATE:

State whether or not applicant is qualified, in terms of existing regulations for study leave with or without pay, or not qualified at all.

RECOMMENDATION FOR ENDORSEMENT BY METRO DIRECTOR

.....

NAME:.....

SIGNATURE:.....

OFFICIAL STAMP AND DATE:.....

State whether or not applicant is qualified, in terms of existing regulations for study leave with or without pay, or not qualified at all.

SIGNATURE OF REGIONAL/ DIVISIONAL DIRECTOR

NAME:.....

SIGNATURE:.....

OFFICIAL STAMP AND DATE:.....

- NOTE:
1. Forms which are not completely filled shall be rejected
 2. Those who leave to pursue