



REPUBLIC OF ZAMBIA

PUBLIC SERVICE MANAGEMENT DIVISION
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT

APPLICATION FOR STUDY LEAVE

Complete five (5) sets, and attach the completed Bonding Agreement Form to each set which should be submitted to Permanent Secretary, PSMD.

PART I

(To be completed by applicant)

A. BIO-DATA

Surname:Forename(s):

TS/Force/S. No.:PMEC No.:NRC No.:

Date of Birth:Gender:Marital Status:

B. QUALIFICATIONS

Highest Qualifications and Date obtained:

Institution and country:

Indicate latest training attended:

Programme Name:

Commencement Date:Completion Date:Duration:

Level (Degree, Diploma, Certificate, etc.):

C. WORK RECORD

Ministry:Province/Station:

Date of first appointment to Public Service:

State whether confirmed or not confirmed:

(Please attach proof of confirmation to permanent and pensionable establishment)

Substantive Post:

Job Specification (Minimum qualification for the job):

Main duties:

.....

D. PROPOSED TRAINING PROGRAMME

Field of study (e.g. Health, Education, Agriculture, etc.):

Name of programme:

Commencement Date:Completion Date:Duration:

Level (Degree, Diploma, Certificate, etc.):

Name of institution:

Sponsor (s):Country of study:

I declare that the above details are to the best of my knowledge a correct statement of the information required.

Signature: Date:

PART II

(To be completed by HRD Unit)

Please complete either A or B. Delete not applicable

A. CONFIRMED OFFICERS

I wish to confirmed that the applicant is confirmed in the permanent and pensionable establishment

B. UNCONFIRMED OFFICERS

I wish to state that the applicant is not confirmed in appointment for the following reasons:

.....
.....
.....

The following measures have been taken to have the applicant confirmed:

.....
.....
.....

Name in full:Signature:Date:

PART III

A. To be completed by Supervising Officer

Explain the relevance of the training programme to the applicant's present job:

.....
.....
.....

Recommended/Not recommended

Name in full: Signature:

Position: Date:

B. To be completed by Head of Department

Comments:

.....
.....
.....

Approved/Not approved

Name in full:Signature:Date Stamp:

PART III

(To be completed by the Responsible Officer)

The applicant shall be bonded in accordance with existing regulations. While the applicant is attending the course, operations of the Department shall not be disrupted.

I recommend that Paid/Unpaid Study Leave be granted.
(Delete as applicable)

Name in full:Date Stamp:.....

Signature:
Permanent Secretary

PART V

(To be completed by the Secretary to the Cabinet/Permanent Secretary, Public service Management Division)

Paid/Unpaid Study Leave approved/Not approved
(Delete not applicable)

Name in full: Signature:Date Stamp:

Secretary to the Cabinet

Permanent Secretary, Public service Management Division
(Delete not applicable)