



### **Form No. (5) Request for Study Leave**

#### **Personal information:**

Name:	Department:
Job Grade:	Job description:
Duration of current job:	Manager:
Nationality:	
Phone No.	E-mail:
Have you ever taken a full-time study leave in this institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please note that</b> if you have taken a full-time study leave in this institution, you should discuss this request with Human Resources Department.	

#### **Details of the full-time study leave that you would like to register in:**

Course Name:	
Educational program Name:	
Course Duration:	
Starting Date:	
Completion Date:	

#### **Details of previous academic qualifications:**

Highest level of education:	<input type="checkbox"/> Post graduate
	<input type="checkbox"/> University graduate
	<input type="checkbox"/> Some university studies
	<input type="checkbox"/> High school
	<input type="checkbox"/> Type of specialty
	<input type="checkbox"/> Year of qualification

Please specify how this training program contributes to the achievement of the development objectives set forth in your individual development plan:

Please specify the benefits of this program to the entity:

Study the communication plan during the leave (how to keep contacted with the department / division, team members, and the line manager during the period of study leave)



Return Plan (when and how will you return to join the team after expiration of leave?)
Return Date:
Department / Division to which you will return
Responsibilities expected upon return

**Acknowledgement of the Relevant Employee:**

<ul style="list-style-type: none"><li>• I have read and understood the training and development system of federal government.</li><li>• I confirm that all information provided herein is correct and accurate.</li></ul>
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Employee Signature:	Date:
Line Manager Approval:	
Signature:	Date:
Name:	Job title:

**Only for the use of Human Resources Department**

Notes:
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Training Department:	
Signature:	Date:
Name:	Job title:

The approval of the concerned minister or its delegated representative:	
Signature:	Date:
Name:	Job title: