

GOVERNMENT OF ST. VINCENT AND THE GRENADINES



Application for Local Study Leave

Name:

Grade/ Post:

Period Requested:

Exam Days:

Programme:

Length of Programme:

Signature of Applicant: Date:

SUPERVISING OFFICER

Leave Recommended

SIGNATURE:

DATE:

HEAD OF DEPARTMENT

Leave Recommended

SIGNATURE:

DATE:

DEPARTMENT'S/MINISTRY'S STAMP

DATE OF RESUMPTION: