



Government of the Republic of Trinidad and Tobago
Ministry of Education

Application for Sabbatical Leave

1. (a) NAME:
SCHOOL:
POSITION: DISTRICT:
DATE OF BIRTH:
TELEPHONE NO.
DATE OF ENTRY INTO TEACHING SERVICE:
PERIOD DESIRED: FROM: TO:

2. (a) PURPOSE OF LEAVE:
.....
.....

(b) INSTITUTION AT WHICH SABBATICAL LEAVE WILL BE UNDERTAKEN
.....

(c) AT WHICH STAGE OF THE PROGRAMME ARE YOU CURRENTLY?
(Please provide documentary evidence)
.....

(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.
.....
.....
.....

(3) PLEASE ENSURE THE FOLLOWING DOCUMENTS ARE ATTACHED BY PLACING A TICK AFTER EACH IN THE BOXES PROVIDED

PROPOSAL

CURRICULUM

LETTER OF ACCEPTANCE FROM INSTITUTION ALONG WITH EVIDENCE INDICATING CURRENT STAGE OF PROGRAMME

PROOF OF FUNDING

SIGNATURE OF APPLICANT: DATE:

FOR OFFICIAL USE ONLY

(4) RECOMMENDATION OF PRINCIPAL/ SCHOOL SUPERVISOR

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

- If applicant is a Teacher, only the Principal’s comments are required, and the application should be forwarded directly to the Secondary Section.
- If applicant holds an Administrative Office, the Principal’s and the School Supervisor III’s comments are required, and the application should be forwarded directly to the Secondary Section.
- If applicant is a Principal, only the School Supervisor III’s comments are required and the application should be forwarded directly to the Secondary Section.

Please Note:

1. Applicants are expected to read the attached Guidelines for the Grant of Sabbatical Leave before applying.
2. The Principals/School Supervisors are to ensure that forms are correctly filled out.