**COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH**

**APPLICATION FORM FOR LEAVE-WITHOUT-PAY**

**PART 1**

**TO BE COMPLETED BY APPLICANT**

1. NAME OF APPLICANT: ………………………………………………………………………...
2. DATE OF BIRTH: ………………………………………………………………………..............
3. INSTITUTE: ……………………………………………………………………….......................
4. GRADE (Give designation): ……………………………………………………………………..
5. DATE OF FIRST APPOINTMENT: ……………………………………………………………..
6. DATE OF LAST APPOINTMENT: ……………………………………………………………...
7. HAVE YOU BEEN GRANTED STUDY LEAVE WHILE IN THE EMPLOYMENT OF THE COUNCIL? ……………………………………………………………………….........................

**YES NO**

1. IF“YES”STATE
2. Nature of course …………………………………………………………................................
3. University / Institution ...……………………………………………………….......................
4. Date of commencement ……………………………………………………….......................
5. Date of completion …………………………………………………………….......................
6. Date when bond expired ……………………………………………………….......................

(GIVE SIMILAR DETAILS OF OTHER - STUDY LEAVE ENJOYED ON SEPARATE SHEET)

1. GIVE DETAILS OF PREVIOUS LEAVE-WITHOUT-PAY GRANTED
2. Purpose of leave ………………………………………………………………………………
3. Date of commencement ………………………………………………………………………
4. Date of return to post …………………………………………………………………………
5. Date of commencement of extension of leave-without-pay (if applicable) ……………………
6. Date of return to post if extension is granted …………………………………………………..

(GIVE SIMILAR DETAILS OF OTHER - LEAVE WITHOUT PAY GRANTED ON SEPARATE SHEET)

1. GIVE DETAILS OF SABBATICAL LEAVE GRANTED ………………………………………
2. Purpose of Sabbatical leave ………………………………………………………………
3. Host institution ……………………………………………………………………………
4. Commencement date ……………………………………………………………………...
5. Date of return to post ……………………………………………………………………..
6. GIVE SIMILAR DETAILS OF OTHER SABBATICAL LEAVE ENJOYED ON SEPARATE SHEET
7. Particulars of present application
8. Purpose of leave without pay ……………………………………………………………..
9. Duration …………………………………………………………………………………..
10. Proposed date of commencement …………………………………………………………
11. Proposed date of return to post ……………………………………………………………
12. Address while on leave ……………………………………………………………………

……………………………………

 Signature of Applicant

**PART II**

1. LOANS
2. Has any loan been granted applicant which has not been fully recovered?
3. Nature of Loan: (Each type of loan should be treated separately in space provided

 below)

1. (a) Amount granted (inclusive of interest) ……………………………………………

 (b) Installment recoverable per month ……………..…………………………………

 4) Repayment period ………………………………………………………………………

 5) amount so far paid ………………………………………………………………………

 6) Date of commencement of repayment of loan ………………………………………...

 7) Expected date of completion of repayment ……………………………………………

Give information on other loans etc. on separate sheet where applicable

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1. STATUTORY CONTRIBUTIONS

Nature of contribution (State whether superannuation or Social Security)

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1. Employer’s monthly contribution ……………………………………………………...
2. Employee’s (i.e. Applicant’s monthly contribution

 …………………………………………………………..................................................

 …………………………………………………………..................................................

ACCOUNTANT …………………………………..

DATE ……………………………………………

**PART III**

**TO BE COMPLETED BY DIRECTOR**

Please state whether you recommend or do not recommend the granting of leave-without-pay to applicant giving supporting reasons for the position taken.

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DIRECTOR ……………………………..

DATE …………………………………...