

CAREER BREAK APPLICATION FORM – ACADEMIC STAFF

NAME: _____

ADDRESS: _____

STAFF ID: _____

CONTACT NUMBER: _____

DATE OF BIRTH: _____

ALTERNATIVE EMAIL ADDRESS: _____

TITLE OF POST: _____

DATE OF APPOINTMENT: _____

DETAILS OF CAREER BREAK SOUGHT:

(A) DURATION: _____

(B) COMMENCEMENT DATE: _____

(C) RETURN DATE: _____

(D) REASON(S): _____

****Please note – copy of present timetable must be attached with application****

DECLARATION OF CONSENT

I HAVE READ THE REGULATIONS OF THE DEPARTMENT OF EDUCATION AND SETU, GOVERNING THE GRANTING OF CAREER BREAKS AND AGREE TO BE BOUND BY THEM. I UNDERSTAND I MUST PROVIDE THE SETU HR DEPARTMENT WITH 3 MONTH'S NOTICE OF MY INTENTION TO EXTEND MY CAREER BREAK OR RETURN.

SIGNED: _____

DATE: _____

RECOMMENDATION OF HEAD OF SCHOOL:

SIGNED: _____

DATE: _____