

**CAREER BREAK APPLICATION FORM – PMSS STAFF**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STAFF ID:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ALTERNATIVE EMAIL ADDRESS:** \_\_\_\_\_

**POSITION HELD:**

(A) TITLE OF POST \_\_\_\_\_

(B) GRADE OF POST \_\_\_\_\_

**DATE OF APPOINTMENT:** \_\_\_\_\_

**DETAILS OF CAREER BREAK SOUGHT:**

(A) DURATION: \_\_\_\_\_

(B) COMMENCEMENT DATE: \_\_\_\_\_

(C) RETURN DATE: \_\_\_\_\_

(D) REASON(S): \_\_\_\_\_

\_\_\_\_\_

**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 DEPARTMENT:**

*SIGNED:* \_\_\_\_\_

*DATE:* \_\_\_\_\_