



**LESOTHO**

**SCHEDULE 27**  
Regulation 35 (1)

To the Director, Teaching Service Department, Private Bag A94, Maseru – 100

**Particulars of teacher.**

Name of teacher: \_\_\_\_\_

Qualifications: \_\_\_\_\_ Employment No.: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Terms of appointment: \_\_\_\_\_

Present school: \_\_\_\_\_

Allocation to present school (indefinite/limited until: \_\_\_\_\_)\*

**Record of service**

<b>School</b>	<b>From</b>	<b>To</b>
_____		
_____		
_____		
_____		
_____		
_____		

**Proposed course of study:**

Name of Tertiary Institution: \_\_\_\_\_

Qualification on completion: \_\_\_\_\_

Starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

I hereby request study leave \*with pay \*without pay in order to pursue the course of study detailed above. \*(delete whichever does not apply).

I undertake to return to the Teaching Service on completion, and to continue teaching until I have repaid any loan or bursary awarded to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Teacher**

**Note:** Evidence of admission to the proposed course must be submitted to the Chief Education Officer before approval of this application can be confirmed.

**Recommendation of School Board or Management Committee**

The School Board or Management Committee recommends\*/does not recommend\* this application, for the following reasons:

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Signed: \_\_\_\_\_ Date Stamp  
**Secretary, Board or Management Committee**

**Recommendation of Director, Teaching Service Department.**

I confirm that this teacher qualifies for study leave with pay\*/without pay\* in terms of Regulation 36 (1) of the Teaching Service Regulations 2001.

I confirm that the proposed course of study is consistent with the needs of the Teaching Service.

I confirm that funds will be available to support this teacher on study leave with pay.\*

I recommend\*/do not recommend\* approval of this request, for the following reasons:

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Signed: \_\_\_\_\_ Date Stamp  
**Director -Teaching Service Department**

**Approval of Chief Education Officer**

This application is approved\*/not approved.\*

Signed: \_\_\_\_\_ Date Stamp  
**Chief Education Officer (Teaching Service)**

Copies: Secretary, Teaching Service Commission  
Director, Teaching Service Department  
Education Secretary or Supervisor of Government Schools  
Secretary, School Board or Management Committee Teacher