

**UNIVERSITY OF EDUCATION, WINNEBA**

**STUDY LEAVE WITH PAY AGREEMENT FORM**

OF HUMAN RESOURCE

**TERMS AND CONDITIONS**

(This form is to be completed and signed by the staff and endorsed by his or her guarantor)

In this agreement, University staff are granted study leave with pay to pursue further studies that are deemed to be entirely work-related and which will be to the benefit of the individual staff member and the University of Education, Winneba. Guarantors shall repay the entire funds spent on the studies of the staff in the event that the staff defaults in his/her obligations to the University. The repayment shall be deducted from the salaries of guarantors at appropriate rates till full payment is made.

 *Please complete this form in block letters*

**1.0 Staff Personal Details** *(to be completed by applicant)*

Surname:…………………………………………. Other names:………………………………………….………………………..……….

Date of Birth:………………………………… Mobile No.: …………………………………………………………………………....

Department: ………………………………………………………………………………………………………………………………….…….…..

I, the undersigned, do hereby agree to the terms of the sponsorship and pledge to complete the programme of study and return to the service of the University under the terms in the study leave agreement.

………………………………. ………………………………

Signature of Staff Date

**Endorsement by the Department/Faculty**

Name of HOD/Dean…………………………………………………………………………………………………………………………………..

Signature…………………………………………………………………………………………………………………………………………………..

Date……………………………………………………………….

**2.0 GUARANTORS**

(*Guarantors must be staff of UEW and should not be more than fifty 50 years at the time of guaranteeing*)

**2.1 FIRST GUARANTOR**

Surname:………………….……..……………. Other names:………………………………..……..………..………….…………….

Date of Birth:………………………………… Mobile No.: ………………………………………..………………………..………….

Postal Address: …………………………………………………………………………………………………………..…………………………….

Department: ……………………………………………………………………………………………………………………….…………………..

Employers address: …………………………………………………………………………………..…………………………………….………..

SSNIT/GUSSS Number: ……………………………….…………………………………………………………………………………………….

I, the undersigned, do hereby agree to stand as guarantor not as mere securities for: ……………………………………………………………….. (name of staff). If the applicant defaults under the terms of the scholarship/study leave, the University of Education, Winneba should hold me liable for half of the entire amount spent on the study leave beneficiary.

………………………..………. ………………………………

Signature of Guarantor (First) Date

**2.2 SECOND GUARANTOR**

Surname:………………………………..…. Other names:………………………………..…………..……………………….

Date of Birth:………………………………… Mobile No.: …………………………….………………………………………….

Postal Address: …………………………………………………………………………………………………….……………….………………….

Department: ……………………………………………………………………….……………………………………………………………….…..

Employers address: …………………………………………………………………………………..…………………………………….………..

SSNIT/GUSSS Number: …………………………………………………………………………………………………………………………….

I, the undersigned, do hereby agree to stand as guarantor not as mere securities for: ……………………………………………………………….. (name of staff). If the applicant defaults under the terms of the scholarship/study leave, the University of Education, Winneba should hold me liable for half of the entire amount spent on the study leave beneficiary.

…………………………………….. ………………………………

Signature of Guarantor (Second) Date