

MINISTRY OF EDUCATION AND TRAINING

P O Box 61, Nuku'alofa, TONGA 🍇

Tel: (676) 7400902; sikeliok@gmail.com

(Please address all replies to the Chief Executive Officer of Education and Training)

To :	(Name of Employee)					
Ref :		Date	:			
Re – APPLICATION FOR OVERSEAS HOLIDAY LEAVE						
Please fill in the box	below (compulsory) for your ap	oplication for over	seas holid	ay leave:		
Employee Name (as on Passport)						
Position						
Name of School			and the second representation of the second r	14		
Address Overseas (including Phone N Address)	umber/Email			8		
	• ,		www.acrebbrarch			
Employee's Signature:						
Principal's Signature:						
Head of Division's	Signature:	and the second s				
Approval of your ap Please be advised th	box if you would like the Ministralication for leave. at your application for OVERS //2024) has been approved, subj	EAS LEAVE du	ring the Sc	hools' <u>Term 4 HOLIDAY</u>		
 You will resume at the Ministry on Monday 15 January, 2024 There is to be no extension of Leave as from 15 January 2024 unless <u>prior</u> approval is granted by the Chief Executive Officer. 						
3. Your pay will be withheld with effect from Monday 15 January, 2024 until your Principal advises us of the actual date of your resumption of duty.						
4. Failure to resume duty on 15 January, 2024 is an indication that you have no intention of returning to duty,						

2024.

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¹ Chief Executive Officer for Education and Training



GOVERNMENT OF TONGA MINISTRY OF EDUCATION AND TRAINING

INTERNATIONAL TRAVEL WAIVER AND RELEASE OF LIABILITY AGREEMENT

In consideration of my personal travel to ("Location"),
I hereby voluntarily agree to make the following contractual representations and agreements:
 I understand that if I travel as an employee or staff member, the Ministry of Education and Training cannot guarantee my safety. I also understand that my personal travel to and for the duration of my stay at the location is subject to the <i>Public Service Policies</i> on leave entitlements. I understand that traveling to and for the duration of my stay at the Location for personal reasons, involves many risks, dangers, and hazards, which could result in damage, loss, serious physical injury or death to me. I fully realize the dangers of travel to the country and voluntarily assume all the risks associated with such participation. I understand the risks include, by way of example, and not limitation, the following: all normal risks of travel, including but not limited to the risks of accidents, terrorist activities, crime, natural disasters, compliance with local laws etc.
I have carefully read this form and fully understand its contents. I am aware that this is a release of liability, a waiver or claims, an agreement not to sue, an indemnity, and a contract between myself and the Ministry of Education and Training, I agree to it of my own free will.
This Agreement is made on the day of, 2023.
Signature 1:
'Isikeli Oko Date Chief Executive Officer for Education and Training
Witness to signature no.1
Date:
Name: Silia Taufa

Initials _____

Initials _____

Signature 2:

Page 1 of 2

	Date:				
Name:					
Post :					
School / Division:					
Witness to signature no.2					
	Date:				
Name:					

Page 2 of 2

Initials _____

Initials _____