APPLICATION
TO APPLY FOR UNPAID STUDY LEAVE BENEFIT FOR PARTICIPATION IN LANGUAGE STUDY

DETAILS OF THE APPLICANT

First name			
Family name			
ID code			
Place of residence			
	(county, city/rural municipality)	*(street/village, house and apartment)*	*(postal code)*
Phone number, e-mail			

CURRENT ACCOUNT DETAILS OF THE APPLICANT

Name of the bank	
Current account no.	
Name of the account holder	

DETAILS OF UNPAID STUDY LEAVE AND WAGES

Duration of study leave	calendar-day(s)
Dates of leave	
Proficiency level	
Study leave used for this proficiency level	calendar-day(s)
Average salary per calendar-day*	

* Average wages pursuant to the procedure established on the basis of subsection 29 (8) of the Employment Contracts Act (fills employer).

DETAILS OF THE EMPLOYER WHO GRANTED UNPAID LEAVE

Name of employer	
Registry code	
Employer representative's first name and family name	
Phone number, e-mail	

All mandatory taxes and payments prescribed by law are deducted from the benefit, by which the benefit to be paid is reduced.

Benefit applicant:	**Confirmation of the employer regarding the amount of wages and the granting of unpaid study leave:**
(*signature of applicant* / see at digital container)	(signature of employer's representative / see at digital container)
. . 20 (*date* / see at digital container)	. . 20 (*date* / see at digital container)