

SPECIAL STUDIES PROGRAM (SSP) AMENDMENT FORM

PLEASE COMPLETE AND FORWARD TO:

Faculty's Special Studies Committee.

This form is used to obtain an approval for any significant variation from the period or itinerary set out in your original application.

APPLICANT DETAILS (PLEASE USE BLOCK LETTERS)				
Employee ID:	School/Branch:	FTE:		
Title: Family name:	Given names (in full):			
LEAVE DETAILS				
Please show details of the amended periods for which you are seeking approval. Also indicate any periods of annual or long service leave you wish to take. Note that all periods of annual and long service leave will need to be amended as appropriate through Services Online (SSO) once the amendment has been approved by the Executive Dean.				
Leave type	Leave Periods (Note: Leave periods <u>must not</u> overlap. If necessary, provide details for each individual period in a separate row.)			
☐ Special Studies Program	Original Begin date:	Original Return date (inclusive):		
	Original Begin date:	Original Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
	Number of SSP calendar days initially approved			
	Number of SSP calendar days requested. Of these:			
	days will be spent	in South Australia (excluding all other forms of leave)		
	days will be spent outside of South Australia (excluding all other forms of leave)			
☐ Annual leave	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
☐ Long service leave	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
☐ Other (specify)	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
ITINERARY - DESTINATIONS VIS				
	•	ed on the original application or subsequent amendment.		
Destination	Periods			
	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		
	Revised Begin date:	Revised Return date (inclusive):		

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APPLICANT'S SIGNATURE			
Applicant			
I hereby certify that information provided in this application is true and correct, and current as at the date of my signature. I acknowledge that any variations to the proposed activities will require further consideration and approval.			
Signature:			
RECOMMENDATION BY HEAD OF SCHOOL			
Recommendation that the amendment be approved:	YES NO		
Other remarks:			
RECOMMENDATION (SIGNATURE REQUIRED)			
Head of School			
Name (please print)			
Signature:			
Date:			
If the Head of School is the applicant.	the Executive Dean should complete a	nd sian this section	
RECOMMENDATION BY FACULTY SSP COMMITTEE			
Recommendation that the amendment be approved:	YES NO		
Where applicable:	Originally Approved	Amended	
Recommended amendment to SSP leave period	From: To:	From: To:	
	From: To:	From: To:	
Recommended amendment to SSP Living Allowance		•	
(SSP days outside South Australia x daily amount capped at Level C, Step 6 annual rate / 365 x 14.4%)	\$	\$	
	<u></u>	\$	
Recommended amendment to Air-fare Allowance \$			
Other remarks:			

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RECOMMENDATION (SIGNATURE REQUIRED)		
Convener, Faculty SSP Committee Ensure applicant has been advised of the outcome of their request for variation, including any resulting changes to the pre-approved financial support		
Retain the approved Amendment form, to be attached to the Commencement form 6 weeks before the start of SSP OR		
If submitted on staff member's return, where an adjustment to SSP leave or SSP Living Allowance is required, forward to HR for processing. If no adjustment required, forward to the Records Management Office for filing on the Staff member's file once approved.		
Name (please print)		
Signature: Date:		
AUTHORISATION		
Executive Dean		
Name (please print)		
Signature: Date:		

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