

TIME OFF FOR STUDY (PROFESSIONAL STAFF) APPLICATION FORM

This form must be completed by a professional staff member to apply for time off for study or to amend approved time off for study.
Refer to the Time Off for Study Procedure (Professional Staff) for further information.

To complete this form:

1. After reading the Time Off for Study Procedure (Professional Staff), complete Part A, Part B and Part C.
2. Submit the completed form to your supervisor for approval.
3. Your Supervisor will communicate the outcome of your application to you.

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID number		Position title	
Surname		Given names	
School/Branch		Work contact number	
Classification		FTE	

COURSE/PROGRAM DETAILS

Select appropriate option:

- Initial application
 Subsequent enrolment in a program
 Amendment to previously approved time off for study

Course/Program:

Provider:

PART A: SUMMARY OF PROPOSED TIME OFF (Refer to Time Off for Study Procedure (Professional Staff), Appendix A)

- Weekly attendance
 Block (intensive attendance)
 Distance or online education

HOURS / DAYS SOUGHT	SEMESTER / DATE PERIOD	TOTAL PAID HOURS	TOTAL UNPAID HOURS

UNPAID TIME OFF FOR STUDY

If you are applying for unpaid time off for study, indicate if this will be:

- Leave without pay (*please complete a leave application via Staff Services Online*)
 Made up by the staff member at a time agreed with their supervisor (attach agreement)

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PROPOSED TIMETABLE (CURRENT YEAR ONLY)

COURSE	SEMESTER / DATE PERIOD	STUDY TYPE	DATE	TIME
<i>e.g. Subject Name</i>	<i>Semester 1</i>	<i>e.g. Lecture, Tutorial, Workshop, Examination</i>	<i>29/9/19</i>	<i>2–4pm</i>
TOTAL HOURS / DAYS				

PART B: DECLARATION

We, the undersigned, have read and understood the Time Off for Study Procedure (Professional Staff). The time off for study requested is consistent with the arrangements set out in Time Off for Study Summary Timetable (Appendix A). This application is specific to the dates and times noted on the attached timetable. Any variation to these arrangements must be approved using a Time Off for Study (Professional Staff) Application Form.

AUTHORISATION

Applicant Signature: Date:	Supervisor Signature: Date:
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