

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 [Staff Services Online \(SSO\)](#) once the amendment has been approved by the Executive Dean.

| Leave type | Leave Periods (Note: Leave periods must not overlap. If necessary, provide details for each individual period in a separate row.) | |
|---|--|--|
| <input type="checkbox"/> Special Studies Program | Original Begin date: Original Begin date: Revised Begin date: Revised Begin date: | Original Return date (inclusive): Original Return date (inclusive): Revised Return date (inclusive): 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 (<i>excluding all other forms of leave</i>) days will be spent outside of South Australia (<i>excluding all other forms of leave</i>) | |
| <input type="checkbox"/> Annual leave | Revised Begin date: Revised Begin date: | Revised Return date (inclusive): Revised Return date (inclusive): |
| <input type="checkbox"/> Long service leave | Revised Begin date: Revised Begin date: | Revised Return date (inclusive): Revised Return date (inclusive): |
| <input type="checkbox"/> Other (<i>specify</i>) | Revised Begin date: Revised Begin date: | Revised Return date (inclusive): Revised Return date (inclusive): |

ITINERARY - DESTINATIONS VISITED

Provide details of any changes to the destination nominated and approved 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): |

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: Date:

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 and sign 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%) | \$..... | \$..... |
| Recommended amendment to Air-fare Allowance | \$..... | \$..... |

Other remarks:

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:.....

| | | | | |
|-------------------------------|---|-----------------|--------------|-------------|
| Workforce Management Handbook | Special Studies Program (SSP) Procedure | Effective Date: | 3 March-2018 | Version 1.2 |
| Authorised by | Chief Operating Officer and Vice-President (Services and Resources) | Review Date: | 17 Sept 2018 | Page 3 of 3 |
| Warning | This process is uncontrolled when printed. The current version of this document is available on the HR Website. | | | |