

**SPECIAL STUDIES PROGRAM (SSP) COMMENCEMENT FORM**

**PLEASE COMPLETE AND FORWARD TO:**

Human Resources Branch, Division of Services and Resources

This form is to be submitted to Human Resources along with the approved application and the latest approved amendment (if applicable) 6 weeks prior to commencement of Special Studies Program, to ensure entry of SSP leave and to initiate the payment of the SSP Living Allowance.

The payment will be made in the first available pay period following the submission of completed and approved form.

**APPLICANT DETAILS (PLEASE USE BLOCK LETTERS)**

Employee ID: \_\_\_\_\_ School/Branch: ..... FTE: .....

Title: ..... Family name: ..... Given names (*in full*): .....

**DECLARATION BY APPLICANT**

**Applicant**

I declare that my period of Special Studies Program leave is to commence in 6 weeks, on ..... (dd/mm/yyyy).

I am aware that any subsequent amendments to the SSP leave or SSP Living Allowance (if applicable) will be subject to further consideration and approval by the Faculty SSP committee and the Executive Dean.

If SSP Living Allowance is payable:

Should any adjustment to Allowance be required, which results in an overpayment of the provisional allowance, I authorise the University to deduct in six equal instalments from my salary payments the amount of any refund to the SSP Living Allowance. I understand that I will be advised of the amount of any such refund before the deductions commence.

Signature: ..... Date: .....

**CONFIRMATION (SIGNATURE REQUIRED)**

**Convener, Faculty SSP Committee**

Ensure that the approved application and the latest approved amendment form (if applicable) is attached, showing the approved period of SSP leave and SSP Living Allowance. (Note: no SSP leave or Living Allowance will be processed without the appropriately approved attachments)

Name (*please print*)  
.....

Signature:  
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Date:  
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