|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | |
|  | | | | | | |

TIME OFF FOR STUDY (PROFESSIONAL STAFF) APPLICATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROPOSED TIMETABLE *(CURRENT YEAR ONLY)*** | | | | |
| **COURSE** | **SEMESTER / DATE PERIOD** | **STUDY TYPE** | **DATE** | **TIME** |
| *e.g. Subject Name* | *Semester 1* | *e.g. Lecture, Tutorial, Workshop, Examination* | *29/9/19* | *2–4pm* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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: ........................................................................................ |