

Special Studies Program (SSP) Variation Form



This form is to be completed by the applicant for approval of any significant variation to approved SSP arrangements, including the date, duration or planned itinerary.

PART 1 – APPLICANT TO COMPLETE

Employee ID: School/Branch: FTE:

Title: Family Name: Given Names (in full):

REASON FOR VARIATION

SSP AND LEAVE DETAILS

Please detail the amended periods of SSP and/or annual leave and/or long service leave for which you are seeking approval. Previously approved annual leave and/or long service leave will require amending through [Staff Services Online \(SSO\)](#) once this variation has been approved by the Executive Dean.

SSP VARIATION

Insert number of SSP calendar days initially approved.

Insert number..... of SSP calendar days now requested.

..... 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*).

☐ Special Studies Program

Approved Commencement **date:**

Approved Return **date:**

Approved Commencement **date:**

Approved Return **date:**

Revised Commencement **date:**

Revised Return **date:**

Revised Commencement **date:**

Revised Return **date:**

LEAVE VARIATION

Select Leave Type below. Leave periods must not overlap, if necessary provide details for each period of leave in a different row.

☐ **Annual Leave**
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
☐ **Long Service Leave**
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
☐ **Other (please specify)**
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
ITINERARY - DESTINATIONS

Provide details of any changes to the approved travel destinations.

Destination**Periods**
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
Revised Commencement date
Revised Return (inclusive) date
APPLICANT ACKNOWLEDGEMENT (SIGNATURE REQUIRED)**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: Click to enter date

PART 2 – TO BE COMPLETED BY HEAD OF SCHOOL

Recommended that the amendment be approved: ☐ YES ☐ NO

Any other remarks:

RECOMMENDATION (SIGNATURE REQUIRED)**Head of School**

Name (please print):

Signature:

Date: Click to enter date

*If the Head of School is the applicant, the Executive Dean should complete and sign this section***PART 3 – APPROVAL TO BE COMPLETED BY EXECUTIVE DEAN****Executive Dean**

Name (please print):

Signature:

Date: Click to enter date

*Once approved by Executive Dean, please forward to Convenor***PART 4 – RECOMMENDATION BY FACULTY SSP CONVENOR**Recommended that the amendment be approved: ☐ YES ☐ NO

Where applicable	Originally Approved	Amended
Recommended amendment to SSP Leave Period	From: date To: date From: date To: date	From: date To: date From: date To: date
Recommended amendment to SSP Living Allowance	\$	\$
Recommended amendment to Airfare Allowance	\$	\$

Any other remarks:

ADMINISTRATION (SIGNATURE REQUIRED)

Convenor, Faculty SSP Committee

☐ Ensure applicant has been advised of the outcome of their written request for variation, including any resulting changes to the pre-approved financial support.

☐ Retain the approved Variation Form, to be attached to the Commencement Form, 6 weeks before the start of SSP.

☐ If submitted on staff member's return, where an adjustment to SSP leave or SSP Living Allowance is required, forward to HR Service Centre for processing.

If no adjustment required, forward to the HR Service Centre for filing on the Staff member's file once approved.

Name *(please print)*:

Signature:

Date: Click to enter date

Workforce Management Handbook	SSP Variation Form	Effective Date:	May 2023	Version 1.0
Authorised by	Director, HR Services	Review Date:	May 2026	