EMPLOYEE DETAILS						
		Given Names				
Employee ID: — — —	– – – – Surname:	:				
Position:						
Element:	Group:	Campus:				
STUDY DETAILS						
Course/Qualification:						
Name of Institution:						
Year of study/Stage of course	/program:					
Total cost of course/program	being undertaken (incl. HE	ECS, student charges, books, course fe	ees): \$			
REASONS FOR UND	ERTAKING STUDY	1				
Define the educational goals to be achieved, the developmental objectives to be pursued, or work needs to be met (these should be discussed with your supervisor prior to lodging the application):						
Identify the personal skills, knowledge and qualifications necessary to fulfil the career objectives and work needs which this course of study will address:						
COURSES TO BE ST	UDIED THIS YEAR					
Trimes	ster one	Weekly cont	Weekly contact hours			
Trimes	ster two	Weekly cont	Weekly contact hours			
Τ	ter three					

CATEGORY OF APPLICATION (select one only)

CATEGORY A: The course/program is a requirement of employment or is made a requirement through a policy of the School, Office or Element.

CATEGORY B: The course/program will directly contribute to the performance of my duties.

CATEGORY C: The course/program is not directly related to my specific employment position but has some relevance to my existing position at Griffith University and contributes to my continuing professional development.

PREVIOUS ASSISTANCE RECEIVED UNDER THE SCHEME

What assistance have you received under the General Staff Educational Assistance Scheme in the last 12 months? (Please attach the relevant results.)

ASSISTANCE REQUESTED (refer to the General Staff Educational Assistance Scheme for full details of assistance available)

Leave:			
Leave for lectures/tutorials (number of hours/week):			
Leave for compulsory residential school or practicum (specify dates):			

Flexi-time for lectures/tutorials only available in working hours (number of hours/week):

38.24 0 Td (F)-22.6.60

Line Managers Endorsement of Application								
I endorse this application I do not endorse this application (please provide further information)								
Comments:								
Line Managers Name:								
Line Managers Signature: Date				Date: /	/ /			
HEAD OF ELEMENT APPROVAL								
I approve this application as detailed below I do not approve this application								
Leave:								
Leave for lectures/tutorials	(no. of hrs/week):							
Leave for compulsory resid	ential school or practicu	ım (specify da	tes):					
Flexi-time for lectures/tutorials only available in working hours (no. of hrs/week):								
Leave to attend exams (hrs):	no. of Hrs	Leave without	ut salar	ry (# of hrs):				
Full-time study release on part or full pay (# of hrs/week):* this leave is available for Category A approved applicants only								
	Payment 1:	Date:	/	/ Account:				
Education Allowance:	Payment 2:	Date:	/	/ Account:				
	Payment 3:	Date:	/	/ Account:				
Other: (type of access to computing, printing and photocopying facilities)								
Head of Element Name &	Designation:							
Signature:			Date:					
CHECKLIST ON APPROVAL/NON-APPROVAL								
Line Manager forwards copy of form to applicant for information;								
 Original form forwarded to HR Staff Services to process allowance (where applicable); 								
Original form scanned and emailed to Corporate Records & Digitisation Services (CRDS) for placement on Personal Staff File (<u>recopy-staff@griffith.edu.au</u> SUBJECT LINE: 7digit staff id number no s, add 0 as needed eg 0123456-E General Staff Education Assistance Form)								
HR STAFF SERVICES PROCESSING								
Amount 1: \$	Date to be paid:	/	/	Account:				
Processed by:				On: /	/			
Amount 2: \$	Date to be paid:	/	/	Account:				
Processed by:				On: /	/			
Amount 3: \$	Date to be paid:	/	/	Account:				
Processed by:				On: /	/			