

# Application For Approved Third-Level Course

- **Purpose:** This form is to be used for **Application for Exam and/or Study Leave and Financial Assistance only** (In Accordance with local HR Policy). The employee should apply by completing relevant sections below and forward to the Line Manager for recommendation. Line Manager then forwards, in accordance with local procedure, to the officially delegated officer (Senior Approval Signature) and for entry on SAP.
- *Information will be input on the SAP HR/Payroll System for the purposes of Personnel and Payroll Administration.*

**Please complete in Block Capitals**

- Employee to complete Sections 1, 2, 3, 4, and Declaration.**
- Line Manager to complete Declaration.**

**1. Personnel Number and Name - To be completed by Employee**

<b>Personnel Number:</b>		<b>Employee Name:</b>	
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<b>DEPARTMENT:</b>	<b>CONTRACT HOURS: PER WEEK</b>
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**2. PA Actions – To be completed by Employee**

Action Type	Paid Study Leave								Unpaid Study Leave								
<b>From Date</b> (Enter the date leave is to begin.)	D	D	M	M	Y	Y	Y	Y	<b>To Date</b> (Enter the date leave is to end.)	D	D	M	M	Y	Y	Y	Y
<b>Action Type</b>	Paid Examination Leave								Unpaid Examination Leave								
<b>From Date</b> (Enter the date leave is to begin.)	D	D	M	M	Y	Y	Y	Y	<b>To Date</b> (Enter the date leave is to end.)	D	D	M	M	Y	Y	Y	Y

**3. Course Details– To be completed by Employee**

<b>Name of Academic Body</b>	<b>Qualification</b>		
<b>Length of Course</b>	<b>Times &amp; Venue of Lectures</b>		
<b>Examination Stage</b>	<b>Examination Venue</b>		
<b>Please ✓ the appropriate box</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>1<sup>st</sup> Year Application</b></td> <td style="width: 50%; border: none;"><b>2<sup>nd</sup> Year Application</b></td> </tr> </table>	<b>1<sup>st</sup> Year Application</b>	<b>2<sup>nd</sup> Year Application</b>
<b>1<sup>st</sup> Year Application</b>	<b>2<sup>nd</sup> Year Application</b>		

**4. Financial Assistance - To be completed by Employee**

**Enter the details of any financial assistance sought:**


**Declaration.** I certify that the above details are correct and that I have not previously claimed concessions in respect of this examination stage. I undertake to abide by the terms of the scheme.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Declaration.** - I have checked the details relating to this application and I recommend / do not recommend approval.

**Line Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Contact Tel Number** \_\_\_\_\_

I hereby authorise / do not authorise the grant of \_\_\_\_\_ days study leave and \_\_\_\_\_ days examination leave and financial assistance of \_\_\_\_\_ % of the course fees and examination fees subject to the examination being passed and subject to the specified future service commitments.

**Senior Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_