

**EMPLOYEE DETAILS**

Family name:		Given name:	
Staff ID number:		Professional/Academic (please circle)	
Position title:		Division/Portfolio:	
School/Unit/Institute:		Campus:	
Program of Study:		Institution and location:	
Date when studies commenced:		Expected date of completion:	

**TO BE COMPLETED BY APPLICANT**

I have attached:

- ✓ Proof of study approval prior to commencement of study for which payment is being claimed e.g. Study Release application form or relevant section of my performance management plan.
- ✓ Documentation showing enrolment and fee information eg. Commonwealth Assistance Notice (CAN) or Enrolment Confirmation Notice (ECN).
- ✓ Evidence of satisfactory progress, e.g. copy of academic transcript or letter from study supervisor.

I certify:

- ✓ This request for financial support is directly related to my approved program of study.
- ✓ I have successfully completed the relevant course(s)/subject(s) within normal time limits.
- ✓ That I am studying in addition to my normal duties.
- ✓ That I have not received financial support for the expenses claimed from any other source e.g. School, Unit or Division and I have personally incurred these expenses.

NAME OF APPLICANT: (please print) \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Applicants are advised that any allowance will be incorporated in your taxable income on your group certificate. Tax will be deducted, however, you should consult your tax advisor regarding amount claimable as a tax deduction in the relevant tax year. You should retain originals of all documentation for audit purposes.**

*Claims for study completed in the academic year are due to the Staff Assistance Committee, Human Resource Unit, Level 3 – 101 Currie Street, City West Campus by end February of the following year.*

## TUITION FEES

Academic session(s) e.g. study period 1; semester 1	Year	Course Fee amount
<b>TOTAL FEE AMOUNT CLAIMED</b>		

## ENDORSEMENT

### To be completed by the supervisor with responsibility for performance management

- This study supports development needs identified through performance management and development discussions. I recommend this application for financial support.
- I do not recommend this application for financial support for the following reason/s:

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NAME OF SUPERVISOR: (please print) \_\_\_\_\_

SIGNATURE OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### To be completed by the senior manager as per the Vice Chancellor's Authorisations

- Approved       Not approved for the following reason/s:

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NAME OF SENIOR MANAGER: (please print) \_\_\_\_\_

SIGNATURE OF SENIOR MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_