

OUTSIDE STUDIES PROGRAM CONFIRMATION FORM

Family Name: _____ Other Names: _____

Employee Number: _____ Faculty: _____

IMPORTANT - Please read carefully:

1. The OSP dates (and associated annual/long service leave dates) listed below are **FINAL**.
2. Any additional leave will only be approved either before or after the OSP and is to be booked through HR Online.
3. Changes to OSP dates will only be permitted in exceptional cases whereby an OSP Amendment Form must be completed and submitted to the Executive Dean for approval.

OSP Details - Leave approved:

From: ___/___/___ To: ___/___/___ OSP Annual Leave Long Service Leave

From: ___/___/___ To: ___/___/___ OSP Annual Leave Long Service Leave

From: ___/___/___ To: ___/___/___ OSP Annual Leave Long Service Leave

From: ___/___/___ To: ___/___/___ OSP Annual Leave Long Service Leave

From: ___/___/___ To: ___/___/___ OSP Annual Leave Long Service Leave

OSP Eligibility:

Current 7 year OSP period: From: ___/___/___ To: ___/___/___

Eligible to take next period of OSP from: ___/___/___

(subject to any leave without pay taken before this date and/or deferral due to late submission of last OSP report)

Grant-in-aid:

Eligible: Yes No If eligible, is grant-in-aid requested: Yes No

For individual travelling alone (\$4900)
Accompanied by partner **or** child without partner (+\$1560)
Additional dependent child (+\$570 each) x ___

Note: Contact your Faculty Finance Manager for payment details, accounts etc.

Report on OSP:

Your OSP Report must be submitted by: ___/___/___ (**One month** after the end date of your OSP)

Late reports will result in the deferral of your next program.

Contact Person in Human Resources: _____ Extension: _____

Entered in HRIS: _____ (inits) ___/___/___ (date)