**APPLICATION FOR ACADEMIC STUDY LEAVE (ASL) FORM**

Before completing this form please read the requirements within the Academic Study Leave (ASL) Policy and Academic Study Leave (ASL) Guidelines).

For this application to be considered it must be completed, signed and submitted to the relevant School nominee by the nominated closing date.

## APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | | | | | **Name:** | | | |
| **School/Research Institute:** | | | | | | | | | |
| **Current Position:** | |  | | | | **Academic Level:** | | |  |
| **Commencement Date:** | | |  | | | **Fixed-Term End Date** (*if applicable):* | | |  |
| **Have you had any breaks in service?** | | | | | | **☐** Yes | | **☐** No | |
| **If Yes provide date(s):** | | | | **From:** |  | **To:** |  | | |
|  | | | | **From:** |  | **To:** |  | | |

## Previous ASL Applications and Periods of ASL

*(This section only applies if you have been on a previous period of ASL at ECU)*

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| --- | --- | --- | --- | --- |
| **Provide date of previous periods of ASL: (Most recent first)** | | | | |
|  | **From:** |  | **To:** |  |
|  | **From:** |  | **To:** |  |
| **Please attach copies of the relevant post ASL reports.** | | | | |

## Details of proposed ASL program and Expected Outcomes

Address the nature of your ASL proposal (e.g. pursuit of research, scholarly work, professional engagement, completion of PhD study etc.) including the following:

* 1. The purpose of the ASL program, and the longer term outcomes and benefits of the program proposed.
  2. Details of where the ASL program will be undertaken and why this location(s) was chosen.
  3. Relevance of the ASL program with respect to your Work Unit’s academic or research priorities.
  4. Describe how the ASL program will be beneficial to your academic development and teaching/ research outcomes.
  5. An outline of the outputs planned from the ASL program including:
     + - 1. publications (journal articles, conference papers, and reports);
         2. grant proposals;
         3. presentations, seminars or the like; or
         4. any other substantive outputs planned.
  6. If you are attending any Conferences (provide evidence), describe why these were selected together with the relevance for attending.
  7. Evidence that demonstrates that ethics, funding or other regulatory approvals are in place which support and coincide with the ASL application period.

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## REQUESTED PERIOD OF ABSENCE

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| --- | --- | --- |
| **Leave Type** | **From** | **To** |
| Academic Study Leave (ASL) |  |  |
| Additional Annual Recreation Leave*– if applicable* |  |  |
| Long Service Leave*– if applicable* |  |  |
| Excess Leave (Annual) *– if applicable* |  |  |
| Excess Leave (Long Service Leave) *– if applicable* |  |  |
| Other *(please specify)* |  |  |
| Please Note:   1. Annual Recreation Leave accrued during the period of ASL will be taken by the employee during the ASL program. This period of Annual Recreation Leave **does not** have to be stated, and will be actioned **only** if the ASL application is approved. Where this would cause undue hardship to the employee, the employee’s supervisor will consider a request to defer the taking of annual recreation leave to a mutually agreeable time. Such requests must be made prior to proceeding on ASL. 2. Proposed additional Annual Recreation Leave, Long Service Leave or Other Leave is to be taken immediately prior to or following the period of ASL. This leave is in addition to the Annual Recreation Leave which accrues during the ASL period and is automatically deducted from the employee’s leave balance as mentioned at (a) above. 3. Excess leave may be reduced during the ASL (dates to be provided above) and must be outlined in an agreed Excessive Leave Agreement (ELA). | | |

## DESTINATION AND ITINERARY DETAILS

Please indicate provisional dates and destinations. Dates will be confirmed at a later stage if the application is approved.

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| **Destination**  *(including address and contact details)* | **From** | **To** |
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\*\*Note travel approval will be granted in accordance with ECU procedures and providers.

## DETAILS OF PERSON AND ORGANISATION SUPPORTING AND/OR WORKING WITH DURING THE ASL

If applicable provide details of the following:

* 1. Name(s) of person(s) supporting visit.
  2. Possible co-workers during the leave period.
  3. Evidence of invitation to be a presenter, visiting scholar etc.

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| **Name** | **Organisation Details** | **Contact Details** |
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* 1. Where you intend to work with an individual(s) or organisation(s), provide details of why this individual(s) or organisation(s) was chosen.

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* 1. Provide advice on where you are obligated to work for a host during the ASL period.

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## FINANCIAL ASSISTANCE

## 7A. Internal

Please complete details of estimated financial assistance to assist with the cost of expenses and funding associated with the application.

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| --- | --- | --- | --- | --- |
| **EXPENSE** | **SCHOOL** | **APPLICANT** | **OTHER**  *(specify source, e.g.*  *ASPIRE, Research/Grant details)* | **Comments** |
| Academic Fees | $ | $ | $ |  |
| Travel | $ | $ | $ |  |
| Accommodation | $ | $ | $ |  |
| Conference | $ | $ | $ |  |
| Other (specify) | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| **Total Amount** | **$** | **$** | **$** |  |

## 7B. External

Will you be receiving any financial benefits or grants from external sources during the ASL period?

**☐** **Yes** **☐** **No**

*If yes, provide details of the source of funding and the amounts.*

|  |  |
| --- | --- |
|  | **$** |
|  | **$** |
|  | **$** |

## 7C. Paid/Unpaid Work

Provide advice of any paid or unpaid appointment or employment or consultancy to be performed during the ASL program, including details on duration and duties.

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| --- | --- | --- | --- | --- |
| **ACTIVITIES**  *(Specify details of the nature and type of activity)* | **DURATION** | | | |
|  | From: |  | To: |  |
| **☐** Paid | **☐** Unpaid |
|  | From: |  | To: |  |
| **☐** Paid | **☐** Unpaid |
|  | From: |  | To: |  |
| **☐** Paid | **☐** Unpaid |

## CURRENT WORK COMMITMENTS

Specify the implications of the proposed ASL program in relation to your expected teaching, supervision, and examining and administrative workload for the Work Unit, with an outline on the following:

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| --- | --- | --- |
| **Coverage Code Key:**  **CE =** Casual Employee **OA** = Other Arrangement *(specify)* **UK** = Unknown  **OE** = Other Employees **RS** = Rescheduled  *(provide names)* | | |
| **Activity** | **Details** | **Coverage Code**  *(see above)* |
| Teaching  *(Specify unit codes, teaching hours, lecture, tutorial, delivery mode etc.)* |  |  |
| Supervision  *(Specify number and name of students)* |  |  |
| Examinations  *(Specify details of marking, assessment etc.)* |  |  |
| Course and Unit Coordination  *(Specify details of unit codes)* |  |  |
| Research Projects  *(Please specify)* |  |  |
| Administration  *(Meetings, committees, student consult, T&L materials etc.)* |  |  |
| Other  *(Please specify)* |  |  |

## LIST OF ATTACHMENTS

|  |
| --- |
| List attachments that support your ASL application (*)*  *(e.g. copies of invitations, letter, ethics approval and other regulatory approvals or clearance etc., and if you have previously been granted ASL you must include the final approved and signed ASL Report from your most recent ASL period)* |

## EMPLOYEE DECLARATION

|  |  |  |  |
| --- | --- | --- | --- |
| The information provided in this application is an accurate representation, and I undertake to:   * Return to the University after the period of ASL and complete a period of equivalent service to the period of ASL taken. * Act in good faith and abide by University policies and procedures whilst on ASL. * Submit a comprehensive ASL report within one (1) month of concluding such leave. * Provide a seminar on the outcomes of the program to my School or other appropriate forums. * Provide financial statements, receipts in accordance with University policies and internal audit procedures at the conclusion of leave. * Complete and not vary the proposed ASL program unless prior University approval has been granted. * Discharge all required responsibilities and duties to the satisfaction of the relevant line executive prior to departing on ASL.   *Please Note:*  *Failure to fulfil the above undertakings could result in the employee being required to repay a proportion of allowances and salary provided by the University during the ASL period.* | | | |
| **SIGNED:** |  | **Date:** |  |

**THE ASL APPLICATION FORM MUST BE LODGED BY THE NOMINATED CLOSING DATE.**

**AFTER THE CLOSING DATE THE RELEVANT ASSOCIATE DEAN (DISCIPLINE) (OR NOMINEE) WILL ASSESS COMPLETED APPLICATION FORMS AGAINST THE ELIGIBILITY CRITERIA AND THEN COMPLETE SECTION 11 OF THIS FORM FOR ALL ELIGIBLE APPLICATIONS.**

## ASSOCIATE DEAN (DISCIPLINE) COMMENTS

To be completed after the closing date and for eligible applications only.

*(If the Dean is the applicant this section should be completed by the relevant line executive)*

|  |
| --- |
| **11.1** Whether the application for ASL is supported and reasons to this effect. |
|  |
| **11.2** The soundness of the proposed activities and its relativity to the work unit’s outcomes, and whether this would benefit the individual and the University. |
| **11.3** If teaching and student outcomes will be impacted upon or disrupted during the ASL. |
| **11.4** Availability of adequate funding to cover absence and reallocation of their other duties, and advice on the number of months of ASL supported. |
| **11.5** Satisfactory evidence has been produced to show ethics, funding or other regulatory approvals are attained or are in place which support and coincide with the ASL application period. |
| **11.6** Where an Excessive Leave Agreement (ELA) is in place, the application for ASL supports the reduction and management of this excess leave. |

## RECOMMENDATION BY ASL COMMITTEE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Eligibility and Other**  **Requirements** | Met: | **☐** Yes | **☐** No | | |
| **Period of ASL** | Endorsed: | **☐** Yes | **☐** No | ☐ Amended | |
| Period of ASL Endorsed: | | | | |
| **Financial Assistance** | Endorsed: | **☐** Yes | **☐** No | ☐ Amended | |
| Financial Assistance Endorsed: | **$** | | | |
| **Committee Comments** |  | | | | |
| **ASL Committee**  **Recommendation to Dean** | Chair of Academic Study Leave Committee  School of XXX | | | Date: |  |

|  |  |  |
| --- | --- | --- |
| **Dean, School of xxx ASL Determination** | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / /  Dean, School of XXX | **Approved**  **Approved as Amended**  **Not Approved**  (Strikeout those not applicable) |