

Staff Study Assistance

For Study at External Tertiary Providers

1. Applicant to Complete

Employee ID No. (see payslip) Date of Birth (If ID unavailable)

First Name(s) Surname

Division Department

Number of hours employed per week (part-time staff) Length of appointment (temporary staff)

Institution at which you are enrolling

Qualification for which you are enrolling

First time application for study Ongoing study previously approved

Papers for which you are enrolling Semester 1 Semester 2 Full Year

1.

2.

Study Leave Required to Attend Classes (hours per week) – Semester 1 Semester 2 Full Year

Leave for block course(s)

If leave in excess of regulations is required please state how time will be made up

Applicant's Signature Date

2. Manager to Complete

Recommendations Study Leave Approved (please tick appropriate box) Yes No

Percentage Grant		Yes	No
Condition of Employment	100%	<input type="checkbox"/>	<input type="checkbox"/>
Work-related	70%	<input type="checkbox"/>	<input type="checkbox"/>
First Tertiary Study	25%	<input type="checkbox"/>	<input type="checkbox"/>
Māori Language Papers	100%	<input type="checkbox"/>	<input type="checkbox"/>
Māori Studies Level 1 (non-language)	70%	<input type="checkbox"/>	<input type="checkbox"/>

Limit of \$9,042 to be applied?		Paper One	Paper Two
Yes	No	<input type="text"/>	<input type="text"/>
Total Fees/Expenses		<input type="text"/>	<input type="text"/>
Amount to be paid by Department		<input type="text"/>	<input type="text"/>

Justification for Recommendations

Manager's Signature Date

3. Divisional Head or Dean (Division of Health Sciences) to Complete

Recommendation	Endorsed	Declined	Amended as Follows
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Divisional Head or Dean's Signature Date

COO's Signature (Operations Divisions) Date

4. Return original to Department to organise reimbursement

ADMINISTRATIVE PROCEDURES

STUDY ASSISTANCE APPLICATIONS

FOR STUDY AT EXTERNAL TERTIARY PROVIDERS

1. The application form must be completed by the applicant, their Manager, Divisional Head (and Chief Operating Officer in Operations Divisions) or Dean in the Division of Health Sciences.
2. Applicants for MBA/DBA or Executive MBA programmes must also complete a special form which is available only from the Training Co-ordinator, Human Resources (learning.development@otago.ac.nz).
3. Applications for fees grants in excess of the \$9,042 limit may be approved by the Divisional Head or Dean in the Division of Health Sciences.
4. Once the form has been authorised and recorded by the Division, the original should be returned to the department so that a reimbursement can be organised.
5. Applicants are expected to pay their own fees and then claim a reimbursement. It is the responsibility of the department concerned to organise that reimbursement. **Please note that original receipts and a copy of the authorised study assistance form must be attached to all claims for reimbursement.**
6. In order to reimburse staff for 100% study assistance for external Māori language papers, please fill out a reimbursement claim form for the 70% of the fee which is to be paid by your department, attach it to a copy of the Study Assistance form together with the original fees receipt, and forward the documents to the Office of the Director of Māori Development. They will then complete the reimbursement form for the remaining 30% of the fee to be paid by their office, and will forward the claim to Accounts.
7. The department must pay 70% of the cost of tuition fees for technical trainees on enrolment, and the remaining 30% on successful completion of their examinations.
8. The department is required to send Human Resources official notification of the examination results of all technical trainees.