APPLICATION FOR SCHOLARSHIP LEAVE

<table>
<thead>
<tr>
<th>Surname:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name:</td>
<td></td>
</tr>
<tr>
<td>Scholarship No:</td>
<td>(Refer to Payslip)</td>
</tr>
<tr>
<td>Department/School/Centre:</td>
<td></td>
</tr>
</tbody>
</table>

Type of Leave requested: (Please tick)
- [ ] Sick (with Medical Certificate)
- [ ] Sick (without Medical Certificate)
- [ ] Annual
- [ ] Maternity
- [ ] Leave of Absence*  
  *You MUST also complete an Application for Leave of Absence form available from Student Administration offices. Please include exact start and end date of leave as indicated below. A copy of that form MUST be attached to this request.
- [ ] Other (Please specify): ________________________________

Dates of Leave: 

<table>
<thead>
<tr>
<th>(first day)</th>
<th>(last day)</th>
</tr>
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<tbody>
<tr>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
<td><em><strong><strong>/</strong></strong></em>/_____</td>
</tr>
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Number of days of leave: ____________

Signature: ____________________________ Date: ___/___/____

Approval: ____________________________ Date: ___/___/____

(Principal Supervisor/Head of School, Centre or Institute)

Scholarship Officer/Payroll Office Use only

Total Days Taken: ____________ Entered on payroll system: ___/___/____

Change to scholarship end date [ ] No [ ] Yes

Previous end date: ___/___/____ New end date: ___/___/____

[ ] Payroll advised [ ] Student advised [ ] Details input (Chrispay/Excel)

Comments: ________________________________

(y:\payoffice\leavefrm.doc)