It is recommended that you fill out this form using the latest version of Adobe Acrobat or Reader.

STUDY / EXAMINATION LEAVE APPLICATION

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

This form can be completed electronically before emailing.

1. STAFF MEMBER TO COMPLETE

Staff Number | **Name** | **Contact Number** | **Organisational Unit**

Please complete details below for the periods of leave that will make up your absence from work.

First Date | **Last Date**

Total Number of working days and hours

Days | Hours

☐ **Evidence of enrolment and exam timetable attached**

Signature | **Date**

2. SUPERVISOR RECOMMENDATION

Name | **Contact Number**

Signature | **Date**

3. APPROVAL (refer to Delegations of Authority)

Name | **Title**

Signature | **Date**

Information collected on this form will be recorded in the University's Human Resource database (Ascender) and on your electronic personnel file. The information will only be used for legitimate University purposes and we request this information in order to process your leave. For further details on this form or to request an update to or correction of your information, please contact Human Resource Services on 02 4033 9999. The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's Privacy Management Plan.

Click here to Email

Email completed form for approval

Return completed form to your HR Client Services Advisor

Version 3, March 2020