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| http://www.usq.edu.au/extrafiles/marketing/logos/USQ_Ver_1_FullCol.jpg |  | University of Southern QueenslandCRICOS: QLD00244B NSW02225M TEQSA: PRV12081Office of Research Graduate StudiesEnquiries: (07) 4631 5382Facsimile: (07) 4631 1995 |

#### Scholarship Leave Application

|  |  |  |
| --- | --- | --- |
| Last Name (please print) | Given Names | Student ID |
| Faculty/Department | Extension | Signature | Date |
| **SCHOLARSHIP CATEGORY** (tick appropriate box) |
| APA |  | USQ IPRS |  | USQ PRS |  | Other |  | Please specify: …………………………. |  |
|  |
| Leave to be specified in Days (or Hours if part day) | Leave to be specified in Hours |
| **LEAVE CODE** |  | **FROM(First Working Day Off)** |  | **TO****(Last Working Day Off)** |  | **TOTAL DAYS OF LEAVE**(Full-Time Employees Only) |  | **TOTAL HOURS OF LEAVE**(Fractional, Sessional, Term, AHE, 48/52) |
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| **Notes:**1. **Doctor's Certificate is required for sick leave periods in excess of 3 days.**
2. **Appropriate documentation should be attached supporting statements or comments.**
 |
| Reason for Leave (if applicable) |  |  |
|  |
| I certify that the period requested in this Leave Application is correct and recommend the application for approval. | Approved by: |
| Name |  | Name |  |
| Signature | / / | Signature | / / |
| Principal Supervisor  | Date | Office of Research Graduate Studies | Date |

**LEAVE CODE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Code*** | ***Plan*** | ***Plan Type*** |  | ***Code*** | ***Plan*** | ***Plan Type*** |  |
| REC | Recreation Leave | 51 |  | SCK | Sick Leave | 50 |  |

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Other please specify: ....................................................................................

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