

Please read the [Academic Studies Program Policy](#) and [Academic Studies Program Procedures](#) before completing this form.

<b>STAFF MEMBER DETAILS</b>					
Staff Number/Employee ID:			Contact Number:		
Last Name:      First (or chosen) Name:					
Title:      Current Position:					
School/Department/Centre:					
Group:					
<b>VARIATIONS (Please provide details under headings below)</b>					
<b>VARIATION TO FUNDING</b>					
<b>VARIATION TO PURPOSE, OBJECTIVES AND/OR OUTCOMES</b>					
<b>VARIATION TO LOCATION</b>					
APPROVED DATES			VARIATION TO DATES		
Date From	Date To	Days	Date From	Date To	Days
Return to work date:      /      /					
<b>APPLICANT SIGNATURE</b>					
Signature:				Date:	
<p>Griffith University collects, stores and uses personal information for the purposes of administering recruitment and employment. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at <a href="http://www.griffith.edu.au/privacy-plan">http://www.griffith.edu.au/privacy-plan</a></p> <p>Once signed, please <b>forward to your Head of Element</b></p>					
<b>HEAD OF ELEMENT APPROVAL</b>					
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended					
<b>COMMENTS:</b>					
Signature:				Date:	
<b>DEAN APPROVAL</b>					
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended					
<b>COMMENTS:</b>					
Signature:				Date:	