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**Special Studies Program (SSP) Commencement Form**

This form is to be completed by the staff member to facilitate deduction of SSP days, leave processing, and payment of any associated living allowances to the staff member.

The approved form must be forwarded to the HR Service Centre ([hrservicecentre@adelaide.edu.au](mailto:hrservicecentre@adelaide.edu.au)).

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| **PART 1 - DETAILS** |
| **STAFF MEMBER TO COMPLETE:**  **Employee ID:** ……………………. **School/Branch:** …………………………………………… **FTE**: …………..  **Title:** …………… **Family Name:** ………………….. **Given Names (in full):**  …………………………………… |
| **STAFF MEMBER DECLARATION** |
| I confirm that my period of Special Studies Program is to commence in 6 weeks, on: Click or tap to enter a date.  I understand that any subsequent amendments to SSP days, leave, and/or SSP Living Allowance (if applicable) will be subject to approval of the Executive Dean.  **Where SSP Living Allowance has been approved and is payable:**  I understand that if there is a difference between the provisional allowance paid and the actual allowance which results in an overpayment of the provisional allowance, the University is entitled to recover the money under clause 3.12 of the University of Adelaide Enterprise Agreement (as amended).  I understand that I will be advised of the amount of any overpayment prior to the University taking steps to recover the money.  I authorise the University to deduct the amount of any overpayment of SSP living allowance from my salary payments in six equal instalments.  I understand that payment of allowances will be made in the first available pay period following the submission of this completed and approved form.  Signature: .................................................................................... Date: Click or tap to enter a date. |
| **PART 2 – CONFIRMATION AND APPROVAL OF SSP LEAVE, AND/OR LIVING ALLOWANCE** |
| **CONVENOR OF THE COMMITTEE TO COMPLETE:**  **I confirm that:**  the SSP has been approved.  the application and all relevant variation forms showing the approved number and timing of SSP days, leave, and where applicable living allowances are attached.  Name: ………………………………………………… Faculty: ……………………………………………………….  Signature: …………………………………………………………… Date: Click or tap to enter a date.  *Return this completed form to the HR Service Centre (*[*hrservicecentre@adelaide.edu.au*](mailto:hrservicecentre@adelaide.edu.au)*) for processing* |
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