Recreational Leave Approval Form

You are expected to pursue your research for 48 weeks of the year. You are allowed up to 20 working days recreation leave each year of enrolment calculated on a pro rata basis. Periods of unused recreation leave cannot be accrued and carried forward to the next year.

Periods of recreation leave must be taken at a time convenient to you and your panel chair. No formal records of recreation leave are kept on the student system but your supervisory area will require you to complete an absence form for their records.

For more information please see: http://www.anu.edu.au/sas/hdr/researchguide.php.

Absence forms should be submitted to supervisor 2 weeks before departure

Student Name: ___________________________ Student No.: ___________________________

School (please tick appropriate):  □ Engineering  □ Computing  □ Cybernetics

Proposed period of absence (dd/mm/yyyy):  From: _____________ To: _____________

Total working days requested: __________________________

How many days recreational leave have you used this year so far? __________________________
(The year commences on the anniversary of your commencement.)

If the total leave (previous + proposed) is for greater than your allocated 20 days, you must provide further explanation:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Once completed and signed by your panel chair, this form should be submitted to your HDR School administrator.

Student signature: ___________________________ Date: ___________________________

Recommendations and Approvals

Chair of Panel:  □ Approved  □ Not approved

Signature: ___________________________ Date: ___________________________

Where the total leave for the year exceeds 20 days, DA approval is required.

Delegated Authority:  □ Approved  □ Not approved

Signature: ___________________________ Date: ___________________________