**Part A - Request for Time Off for Study or Training**

This form should be completed by the employee who wishes to take time off for study or training. The form should be passed to the line manager who will complete Part B. The form must then be signed by the Dean/Director to acknowledge receipt of the form and then forwarded to the HR Directorate.

This form must be submitted to the Dean/Director at least four weeks before the proposed start date.

|  |  |
| --- | --- |
| Name |  |
| Employee Number |  |
| Job Title |  |
| Faculty/Directorate |  |
| Start Date with Brookes |  |

|  |
| --- |
| Course title: |
| What type of study leave are you applying for? * Paid study leave
* Unpaid study leave
 | Yes/No (Delete as appropriate)Yes/No (Delete as appropriate) |
| What qualifications are you studying/planning to study?* Professional qualifications
* Work-based qualifications
* In-work study
* Other
 | Yes/No (Delete as appropriate)Yes/No (Delete as appropriate)Yes/No (Delete as appropriate)Yes/No (Delete as appropriate) |
| Please give further details of training/study (e.g. day release, home study, online, training provider, name of professional qualification): |
| What is the cost of the course (if any)? |
| What is the purpose of your study?* To improve your effectiveness in the University’s business
* To improve the performance of the University’s business
* Aspirational e.g. likely to benefit yourself in your personal career development
* Purely for personal interest
 | Yes/No (Delete as appropriate)Yes/No (Delete as appropriate)Yes/No (Delete as appropriate)Yes/No (Delete as appropriate) |
| Please expand on the purpose of your study. How will you benefit personally? How will this training benefit your department and/or the University? |
| Dates and duration of the study/training (start/finish dates; how many days’ study leave).Please give further details e.g. pattern of study if spread over a period of time. |
| What impact will your study leave have on your Faculty/Directorate and team? |

Please send the completed form to your line manager who must sign and date it as an acknowledgement of receipt and forward a copy to the HR Directorate and their Dean/Director.

Leave with pay should be recorded on the employee’s leave card.

Employee Signature:

Date:

Line manager’s signature:

Date:

Dean/Director’s signature:

Date:

**Part B - Request for Time Off for Study or Training – manager’s response form**

The University is committed to supporting its staff in their personal and professional development; and recognises the benefits this brings to staff and to the University. In addition, all staff with 26 weeks’ service have the right to request 'time to train'.

All requests for time off for study or training will considered objectively and, if refused, justifiable reasons provided.

Full records must be kept of the decision-making process in order to provide an audit trail of decisions taken.

Name of member of staff:

Date the time off for study or training meeting took place (if necessary):

Date by which a final decision must be made (14 days from the date of the time off for study or training meeting):

This form must be completed by the line manager after and forwarded on to the Dean/Director for final consideration/approval. If there is any difficulty **reaching agreement, the Dean/Director or delegated manager should discuss the matter with Human Resources before returning this form.**

Is this paid or unpaid study leave PAID UNPAID BOTH

Do you agree to the time off for study or training requested? YES NO

If no, has an alternative arrangement been agreed? YES NO

If an alternative agreement has been reached, please provide details below.

If no agreement has been reached please state below the grounds for not accepting the employee’s request. Tthe grounds must fall into one or more of the following categories:

|  |  |  |
| --- | --- | --- |
|  | Reason for refusal | Please tick as many as apply |
| A | The training would not improve employee’s effectiveness in the University |  |
| B | The training would not improve the performance of the University |  |
| C | Burden of additional costs |  |
| D | Detrimental effect on ability to meet customer demand/service delivery |  |
| E | Inability to reorganise work among existing staff |  |
| F | Inability to recruit additional staff |  |
| G | Detrimental impact on quality |  |
| H | Detrimental impact on performance |  |
| I | Planned structural changes |  |

**Please list the ground(s) for refusal and for each of the grounds provide sufficient evidence to support the reason to refuse below.**

Line Manager Signature:

Dean/Director or delegated Manager’s Signature:

Date:

*Leave with pay should be recorded on the employees leave card.*

**HR Department Use Only**:

Date Received:

If the application has been turned down, has sufficient evidence been provided to support that decision? Yes/No

**If No, further discussions must take place with the manager involved before a written response is provided to the member of staff.**

Date written response sent out:

Date unpaid time off for study or training was recorded on Core HR

Signature of Person entering information on Core HR

Letter to Employee: Yes/No

cc. Payroll