

Application for Staff Scholarship Scheme			
Details of Applicant			
Name:		Employee ID:	
Details of Academic Program			
Degree/Course:			
Duration:			
School:			
Line Management Recommendation(s)			
Confirmation(s):	We hereby confirm that participation in the degree/course will: <ul style="list-style-type: none"> ▪ Provide development which will be of benefit to the employee and the University ▪ Not negatively impact on the employee's ability to undertake their normal work activities <i>(subject to clarification in requirements for work arrangement)</i> 		
Work Arrangement:	<input type="checkbox"/> No change. Employee can continue to work on the same working hours. <input type="checkbox"/> Flexible full-time work adjustment(s) to meet job requirements. <i>(No replacement is provided)</i> <input type="checkbox"/> Part-time work adjustment(s) to meet job requirements. Salary to be reduced based on number of working hours. <i>(No replacement is provided)</i> <input type="checkbox"/> Job role cannot be redesigned for flexible or part time work adjustment(s). <i>(Replacement is provided on contract for the period of absence)</i>		
Comments (If any):			
Supervisor Name:		Supervisor Designation:	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:		Signature:	
HOD Name:		HOD Designation:	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:		Signature:	

Applicant's Undertaking

I hereby undertake that:

- **If the job role cannot be redesigned for flexible work arrangement, I have no objection if the leave of absence from work is granted without pay.**
- **After completion of the program, I will continue to work at LUMS for at least one more year from the date of completion, or return the scholarship funding back to LUMS.**

Date:

Signature:

Human Resources

**Eligibility Checks:
(Explained in policy document)**

Checklist:

- Applicant is a full time employee
- Applicant has completed two years of employment
- Applicant is not availing any other LUMS scholarship which overlaps with this Scholarship

Decision:

- Meets the criteria
- Does not meet the criteria

Date:

**HOD HR
Signature:**