

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):	<p>We hereby confirm that participation in the degree/course will:</p> <ul style="list-style-type: none"> <li>▪ Provide development which will be of benefit to the employee and the University</li> <li>▪ Not negatively impact on the employee's ability to undertake their normal work activities (<i>subject to clarification in requirements for work arrangement</i>)</li> </ul>		
Work Arrangement:	<p><input type="checkbox"/> No change. Employee can continue to work on the same working hours.</p> <p><input type="checkbox"/> Flexible full-time work adjustment(s) to meet job requirements. (<i>No replacement is provided</i>)</p> <p><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>)</p> <p><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>)</p>		
Comments (If any):			
Supervisor Name:		Supervisor Designation:	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:	Click or tap to enter a date.	Signature:	
HOD Name:		HOD Designation:	
Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:	Click or tap to enter a 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 two more years from the date of completion or return the scholarship funding back to LUMS.**

<b>Date:</b>	Click or tap to enter a date.	<b>Signature:</b>	
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### Human Resources

<p><b>Eligibility Checks:</b> (Explained in policy document)</p>	<p><b>Checklist:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant is a full time employee</li> <li><input type="checkbox"/> Applicant has completed two years of employment</li> <li><input type="checkbox"/> Applicant is not availing any other LUMS scholarship which overlaps with this Scholarship</li> </ul> <p><b>Decision:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meets the criteria</li> <li><input type="checkbox"/> Does not meet the criteria</li> </ul>
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<b>Date:</b>	Click or tap to enter a date.	<b>HOD HR Signature:</b>	
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