**STUDY LEAVE POLICY**

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| **DOCUMENT DETAILS** | | | | |
| **Document Name:** | Study Leave Policy | **Document No:** | |  |
| **Department Name:** | Human Resources | **Document Type:** | | Policy |
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**PURPOSE:**

To allow Employees who are studying to take paid leave over and above their annual leave entitlement.

**SCOPE:**

This benefit is available to permanent employees who have been employed by the Company for at least one year and who undertake part-time studies in line with their career plan and approved for by the company. All study leave is granted on management’s discretion.

**RESPONSIBLE PERSONS:**

1. Human Resources Manager - Implementation and facilitation.
2. Human Resource/Line Managers - Administration, monitoring and

enforcement of this policy.

1. Employees - Adherence to this policy and

procedures outlined in this policy.

**POLICY:**

The company will grant two days study leave per subject per annum with a maximum of no more than 10 days study leave in total per annum.

Any additional leave required for study purposes will have to be taken as unpaid leave. Annual leave may be applied for if the employee has any excess annual leave balances.

Requests for study leave must be in writing by using the Company’s Leave Application form. Supporting documentation must accompany the application (e.g. exam time table).

Study leave will not be granted for rewriting an exam and annual or unpaid leave will have to be applied for in accordance with above.

**EMPLOYEE POLICY CONFIRMATION:**

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name and surname), declare that;***

1. Ihave been familiarised with and informed of the Study Leave Policy.
2. I understand and agree to the contents of this policy and that;

* it may be amended from time to time,
* it forms part of my employment conditions,
* the implementation and contents of this policy are mutually agreed upon with the employer,
* I have been given the opportunity to question this policy and that my questions were satisfactorily answered

1. I agree to strictly adhere to this policy.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YEAR].

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Signature Employee

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Signature Manager