Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Accredited Academic Courses
Leave and Funding Arrangements

1.1 Purpose

To set out the University policy and procedures on:

- study and exam leave entitlements for staff pursuing accredited academic courses and

- funding assistance in respect of accredited external education courses.

Provision is in place separately to support staff undertaking academic courses run by Trinity. Please note this policy does not cover short term training courses.

1.2 Eligibility

Eligible Trinity staff must have more than twelve months service and have a minimum of 12 months remaining on their current contract. All benefits are on a pro rata basis, based on the individual staff member's contract.

2 Study and Examination Leave

2.1 Entitlements

(a) Study and examination leave will apply to academic courses which are directly related to the work and development of the member of Staff within the University. The course must be approved, in advance, by the Head of Unit and the Learning & Development Manager.

(b) Depending on the nature of the examinations half days or full days per examination, to a maximum of 4 days per annum may be granted.

(c) Depending on the nature of the course and the degree of relevance up to 4 days study leave per annum may be granted. In considering relevance, the University will look at whether the course in question is

Wholly Job Related, Job Related and Personal Development or simply Personal Development.

2.2 Procedure

(a) Notification of examination dates must be made to the Head of Unit as soon as possible. Proposed dates for study leave should also be notified as soon as possible. The timing of this leave is subject to local agreement.

(b) Applications on the appropriate form (Appendix 1), should be given to Heads of Units, who should make a recommendation as to the appropriate level of leave to the Learning & Development Manager. The Learning & Development Manager will consider the application in light of the overall application of the policy and will reach a final decision in conjunction with the Head of Unit. On communication of the decision, the staff member may request the basis of the decision from the Learning & Development Manager and refer to information they feel may have been overlooked. At such point the matter may be reconsidered and a final decision issued.

3. Funding Assistance

3.1 Entitlements

(a) Funding assistance will apply to academic courses, accredited by a recognized body, which are directly related to the work and development of the member of Staff within the University. It is the intention that this funding will only be available where the University does not provide a similar course. The courses must be approved for funding, in advance, by the Head of Unit and the Learning & Development Manager.

(b) Depending on the cost of the course, the Learning & Development Unit will contribute up to €1,000 per annum towards the course fee. In considering relevance the University will look at whether the course in question is: Wholly Job Related, Job Related and Personal Development or simply Personal Development.

(c) Funding is on a refund basis and subject to proof of payment being provided by the applicant. The provision of assistance is subject to available budgetary resources.

(d)   Staff who terminate their employment within 12 months of receiving financial support under this policy will be required to refund such funding assistance.

3.2   Procedures

a)   Applications for funding must be received by the Learning & Development Unit, on the official application form, in advance of commencement of the course.

b)   Applications on the appropriate form (see Appendix 2) should be submitted to the Head of Unit, who should make a recommendation in relation to funding and forward to the Learning & Development Manager. Only applications that have the support of the Head of Unit will be considered for approval.

c)   The Learning & Development Manager will consider the application in light of the overall application of the policy and available resources.

Appendix 1: Application for Study/ Exam Leave for external accredited courses

Application for Study/ Exam Leave **for external accredited courses**	
Section 1 to be filled in by applicant	
Name	
Staff ID number	
Current position *Please attach job description*	
Grade	
Unit/School/Department	
Phone Extension Number	
Email Address	
Programme	☐ Degree ☐ Diploma ☐ Certificate ☐ Other
Title of Degree/Diploma/ **Certificate/Other being pursued** *Please attach course description*	
Duration of programme in years and **month, and state academic year** *e.g. jan-dec / sept – aug*	
Will you be working full time/ part **time/ taking a break for the duration** **of this academic programme?** *Please specify*	
Total Number of Study days requested **for the current academic year** *Depending on the nature of the course and* *the degree of relevance up to 4 days study* *leave per annum may be granted*	Number of Days: _____
Study Dates Requested	
Please state previously awarded study	No of days study leave: _____

leave and examination leave granted	Number of days exam leave: _____ Were these for the current course of study? Y / N
Total Number of Examination half/full Days Requested for the current academic year *Depending on the nature of the examinations half days or full days per examination, to a maximum of 4 days per annum may be granted.*	Number of Days: _____

Examination Dates, time/duration *Full day is an examination which exceeds 3.5 hours*	**Date of Exam**	**Time**	**Duration**

Signature of Applicant	*I confirm that the above information is accurate* *I have attached all relevant documents.* **_____**
Date	

Section 2 to be filled in by the Head of Unit

Signature of Head of Unit	*Following discussion with the member of staff, I support him/her in undertaking the course listed and confirm that the course will, in my opinion, maintain or improve skills required for their current job, or fulfils other criteria (as described above) required by the University.* _____

Print Name of Head of Unit

Title (e.g. Head of School)

Print Name of Head of Unit

Email Address

Date

Appendix 2:   Application for Funding Assistance - external Academic Courses

Instructions for Completing the Application Form

Application Process

Note:

All applications for funding support must have the support of the Head of Unit.

Incomplete forms will be returned to Staff Member for completion – no decision will be made if forms are incomplete, or not accompanied by appropriate documentation as specified below.

Following discussion with your Head of Unit

1.   Staff member fills in Section I completely

2.   Attach a copy of current job description

3.   Attach a copy of course description

4.   Head of Unit completes Section II and signs the bottom of the form

5.   Official receipt issued by relevant University

6.   Signed Application Form and all relevant documentation should be returned to the Learning & Organisation Development Manager, House 4, Trinity University Dublin via email staffdev@tcd.ie.

Application for Funding Assistance– External Academic Courses

Section 1 to be filled in by applicant

Name	
Staff ID number	
Current position *Please attach job description*	
Grade	
Unit/School/Department	
Phone Extension Number	
Email Address	
Programme	☐ Degree ☐ Diploma ☐ Certificate ☐ Other
Title of Degree/Diploma/ Certificate/Other being pursued *Please attach course description*	
Duration of programme in years and months, which year is this for you (year1/2) and state academic year *e.g. jan-dec / sept – aug*	
Will you be working full time/ part time/ taking a break for the duration of this academic programme? *Please specify*	
Awarding Body	
Course name or title (if NOT Degree, Diploma or Certificate)	
Cost of course for this current academic year	
How will the programme benefit you in your current position? *Please describe*	
Will the programme require leave from normal working hours? *Please give details*	

Signature of Applicant	*I acknowledge that should I terminate my employment within 12 months of receiving financial support under this policy I will undertake to refund all monies received under this application. I confirm that the above information is accurate.*
	I have attached all relevant documents.
	_____
Date	

Section 2 to be filled in by the Head of Unit

Will the proposed programme of education maintain or improve skills or knowledge relevant to the staff member's current duties?	**Yes / No**
If YES, what specific job related skills or knowledge will be learned or improved?	
If NO, please give reasons for supporting this application *Please describe other criteria the course meets*	
Financial Support from Unit *Please give details of all financial support for this programme or course*	
Any Other support *please specify*	
Signature of Head of Unit *confirming local approval for participating in this course*	*Following discussion with the member of staff, I support him/her in undertaking the course listed and confirm that the course will, in my opinion, maintain or improve skills required for their current job, or fulfils other criteria (as described above) required by the University.*
	_____

Print Name of Head of Unit	
Title (e.g. Head of School)	
Email Address	
Date	

Notes re Approval	
Approved	
Amount Approved	
Not Approved	
Signature	
	Learning & Organisation Development Manager
Print Name	
Date	

Please **return** this form via email to Learning and Organisation Development at staffdev@tcd.ie