



Training and Development Department

AFTER OFFICE HOURS STUDY AGREEMENT AND GUIDELINES

I,, acknowledge by signing this document that my application for after hour study has the necessary support and approval of my department. I further acknowledge and understand that this agreement is in accordance with the established guidelines for after office hours study which are in line with the rules and regulations of the Ministry of Higher Education and Civil Services Bureau and will be applied to all NGHA, KAIMRC, and KSAU-HS employees who wishes to pursue educational achievement for their career advancement.

- 1- The application must be approved by the Department Head of the employee and also endorsed by Training and Development Department and it should be submitted along with supporting documents such as the offer, acceptance note.
- 2- The Undergraduate and/or postgraduate study degree program must be related to and synchronized with the current and future work of the employee, and it should also correlate with his/her previous diploma/degree, or otherwise approved by the Training and Development Department.
- 3- The study hours or schedule of classes should be after the official working hours of the employee, and it must not affect or interfere with working assignments.
- 4- SDH and PDH employees will receive their salary. However, they will be financially responsible for the tuition fee including textbooks, equipment, and other school-related miscellaneous expenses.
- 5- The employee will be entitled to a maximum of 14 working days per academic year to attend examination, lectures, assignments or any other related school requirements. A TRA should be submitted at least 30 days prior with a copy of the schedule. The department must ensure the work coverage during the employee's leave.
- 6- Upon completion of the after office study, the certificate obtained will not automatically entitle him/her to a promotion. However, he/she is eligible for promotion but subject to the availability of the position and the need of his/her department.

Employee Name :	BN:
Signature:	Date:
Corroborated by:	
Name:	Date:
Position:	Signature:
For Training and Development use only	
Approved by:	
Signature:	Date: