

**SABBATICAL LEAVE – PROFESSIONAL**

**APPLICATION FORM**

**PART ONE: to be completed by the applicant**

|  |  |
| --- | --- |
| **Date of application** |  |
| **Name of applicant** |  |
| **Directorate/Department/College**  |  |
| **Position** |  |
| **Date appointed** |  |
| **Dates of previous Sabbatical Leave**Please state whether this was research, education or professional leave |  |
| **Duration of Sabbatical Leave requested** |  |
| **Dates of Sabbatical Leave requested** |  |
| **Costs**If the Sabbatical Leave period is to be financed by an external source (rather than your Directorate or Department/College) please detail the source and funds to be provided |  |
| **Please outline below the case for Professional Leave (maximum of 3 pages) including**1. aims and objectives
2. outline of activities
3. outputs and deliverables

For b) and c) please provide a clear timescale for each element using the template below |
| **Timescales** | **b) Activity** | **c) Deliverable** |
|   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Please detail below how Professional Leave and the programme of activities will further your professional development**  |
|  |
| **Please detail below the benefits of the Professional Leave for your Directorate or Department/College and the University**  |
|  |
| **Please outline below any duties that you will continue to perform whilst on Professional Leave** |
|  |
| **Please outline below any duties that will require cover during the period of Professional Leave** |
|  |
| **Risk Assessment: Please outline below any risks associated with the Professional Leave and how these will be mitigated** |
|  |

***Once part one is complete, please email the application to Linda Hazell, Planning & Policy***

**PART TWO: to be completed by the applicants Head of Directorate or Director of College Operations**

|  |
| --- |
| **Do you fully support this application for Professional Leave? If not, please explain** |
|  |
| **How do the activities and outputs listed above relate to your Departmental Plans?** |
|  |
| **Please outline below the consequences for your Department should Professional Leave be granted including any cover requirements** |
|  |
| **Please explain how the period of Professional Leave will further the professional development of the applicant** |
|  |

|  |  |
| --- | --- |
| **Head of Directorate / Director of College Operations** |  |
| **Date** |  |

***All applications (both supported and unsupported) to be sent to Linda Hazell, Planning & Policy for monitoring; all applications will be forwarded to Human Resources***

***Unsupported applications should be discussed with the applicant as soon as possible, giving appropriate feedback***