**APPLICATION FOR SABBATICAL LEAVE FOR**

**ADMINISTRATIVE AND TECHNICAL STAFF**

**General Instructions to the staff:**

Application of sabbatical leave must be submitted **at least three (3) months before** the date of commencement of Sabbatical Leave.

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| **STAFF INFORMATION** | |  |  |
| **Full Name as in I.C.: (Capital Letters)** |  |  |  |
| **Staff No** |  |  |  |
| **Department** |  |  |  |
| **K / C / D /I / O** |  |  |  |
| **Email Address** |  |  |  |
| **Telephone (office)** |  |  |  |
| **Telephone (H/p)** |  |  |  |

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| **DETAILS ON PREVIOUS SABBATICAL LEAVE (If any)** | |  |  |
| **Area of Specialization / Function** |  |  |  |
| **Topic** |  |  |  |
| **Output/Quantity** | Book Textbook    Article Handbook  Others (please specify) |  |  |
| **Institution / Place** |  |  |  |
| **Duration** | 3 Months Start Date:    6 Months End Date: |  |  |

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| **DETAILS ON SABBATICAL LEAVE APPLIED** | |  |  |
| **Area of Specialization / Function** |  |  |  |
| **Topic** |  |  |  |
| **Output/Quantity** | Book Textbook    Article Handbook  Others (please specify) |  |  |
| **Institution / Place** |  |  |  |
| **Duration** | 3 Months Start Date:    6 Months End Date: |  |  |
| **Plan during the period of Sabbatical Leave applied for** |  |  |  |
| **Relationship between the sabbatical plan and the teachings or research, and its benefits to the University** |  |  |  |
| **Has the institution agreed to accept you to follow the sabbatical?** *(If applicable)* | Yes No |  |  |

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| **Details of financial assistance received during the Sabbatical** | Yes No Not Applicable |  |  |
| **Staff Declaration** | I hereby declare that all the information provided is correct and will be responsible for the accuracy of the information given herewith.  Applicant’s Signature:  Date: |  |  |

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| **RECOMMENDATION OF THE HEAD OF DEPARTMENT** |
| Comments on the relevance of the present research/studies and the benefit it brings to the country, University and relevant staff:  Please state if similar institution or facilities are ~~is~~ available locally (for sabbatical leave overseas only):  **RECOMMENDATION:**  The staff **could/could not *be released*** from the duties at the Department for the period applied for  Sabbatical leave.  Other remarks (if any):  Signature : Date : Official stamping : |
| **RECOMMENDATION OF THE DEAN/DIRECTOR** |
| This application is **\*supported/not supported** and the staff **\*could/could not** be released from the duties at the Kulliyyah/Centre/Department in order to pursue the Sabbatical leave. While the staff is on Sabbatical leave, the Kulliyyah/Centre/Institute will manage within its personnel resources.  Other remarks (if any):  Signature : Date : Official stamping : |