**CHECKLIST FOR SABBATICAL LEAVE**

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| **NO**  | **REQUIREMENTS** | **APPLICANT** **(Please √)** |
| 1 | Acceptance Letter from Hosting Institution |  |
| 2 | Offer Letter of sabbatical leave |  |
| 3 | Acceptance form of Offer Letter (**2 copies**) |  |
| 4 | Guidelines on filling up the agreement |  |
| 5 | Agreements (**2 (local)/4 (overseas)**) |  |
| 6 | Surety Form (overseas only) |  |
| 7 | Release of Library Books Form (overseas only) |  |
| 8 | Release of Duties Form |  |
| 9 | Rules and Regulations on Sabbatical Leave |  |

***Notes:***

*i) To ensure that the output and related documents/ reports is completed during the requested sabbatical leave duration.*

*ii) Application must be submitted together with official letters; e.g. Acceptance Letter from the institution concerned, etc.*

*iii) Staff must declare if any teaching assignment is involved during the sabbatical period applied for. iv) Staff going on sabbatical leave must first obtain prior written approval of the Committee if the staff*

*intends to undertake any employment or engage in any activity for any gain, whether monetary or*

*otherwise, from any source other than the University (staff on sabbatical leave continues to be in the service of the University during the leave).*

*v) Staff shall report for duty at HRAD office up on completion of Sabbatical Leave (Notice of resumption of duty).*

**APPLICATION FOR SABBATICAL LEAVE FOR ACADEMIC 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** |  |  |  |
| **Kulliyyah** |  |  |  |
| **Email Address** |  |  |  |
| **Telephone (office)** |  |  |  |
| **Telephone (H/p)** |  |  |  |

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| **DETAILS ON PREVIOUS SABBATICAL LEAVE (If any)** |  |  |
| **Area of Specialization** |  |  |  |
| **Topic** |  |  |  |
| **Output/Quantity** |  Book Textbook  Article HandbookOthers (please specify) |  |  |
| **Institution / Place** |  |  |  |
| **Duration** | 6 Months Start Date: 10 Months End Date:  |  |  |
| **Fulfillment of Period of Service the University under Clause 1 (e)**  | Yes No |  |  |

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| **DETAILS ON SABBATICAL LEAVE APPLIED** |  |  |
| **Area of Specialization** |  |  |  |
| **Topic** |  |  |  |
| **Output/Quantity** |  Book Textbook  Article HandbookOthers (please specify) |  |  |
| **Institution / Place** |  |  |  |
| **Reason for choosing of Sabbatical Leave** |  |  |  |
| **Duration** | 6 Months Start Date: 10 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?** | Yes No  |  |  |
| **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 forSabbatical 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 : |