

APPLICATION FOR SABBATICAL LEAVE

(Before you complete the form, please, read the relevant Policy)

COMPLETION OF THE FORM

1. This form is electronically available on my VUT under Research.
2. Applications must be completed in typescript (electronically).
3. The relevant HoD and Executive Dean need to be consulted prior to completion of form.

SECTION A: PARTICULARS OF APPLICANT					
Surname		Initials		Title	
Faculty/Division			Department		
Present post		Staff number		Year of first appointment	
Academic		Other than academic		(Mark with an X)	
Telephone (work)		E-mail address			
Highest qualification		Institution		Year obtained	
Study field					

SECTION B: SABBATICAL LEAVE PERIOD			
			Number of working days
From		To	

SECTION C: NATURE OF RESEARCH SABBATICAL

<input type="checkbox"/> ** Formal qualification other than M or D <input type="checkbox"/> ** Master's (Research Degree) <input type="checkbox"/> ** Master's (Structured Degree) <input type="checkbox"/> ** Doctoral Degree <input type="checkbox"/> *** Research Development Leave <input type="checkbox"/> *** Contact Leave <input type="checkbox"/> *** Technology Development and Transfer Projects	** Name of University enrolled at (if applicable)				
	*** Name of University to be visited				
	** Date of first enrolment (if applicable)				
	** / *** year		month		day
	** Name of Qualification (if applicable)				

Title of project / thesis / dissertation

PURPOSE OF SABBATICAL: Provide a detailed research plan including information on institution(s)/department(s)/place(s) where research will be undertaken, time-frames and co-workers (if applicable)

Indicate any activities other than research which will be carried out during the leave period - how much time the said activity will take. (If lecturing is involved for example, please indicate the number of lectures etc.)

Indicate any remuneration which will be received during period of Sabbatical other than normal VUT remuneration e.g. private work, contract research (Attach a letter from TTI indicating support for Sabbatical).

This section should only be completed after consultation with the line-manager.

Proposed research output, including time-frames. If the Sabbatical is linked to studying towards a degree, a recommendation from the study leader/promoter as to what would constitute appropriate progress should be attached to this application.

SECTION D: PLEASE ATTACH YOUR ACADEMIC CV

SECTION E:

WHAT ARRANGEMENTS HAVE/WILL BE MADE BY THE FACULTY/ DIVISION FOR STAFF REPLACEMENT? Be very specific.

SECTION F: CONFIRMATION BY HUMAN RESOURCES REGARDING SABBATICAL HISTORY

Grand total of days available to be used for Sabbatical

Sabbatical Leave history of the applicant (Past 5 years)

Total duration (days)		Date (s)	
1			
2			
3			
4			
5			
HR Signature		Date	

SECTION: G

STATEMENT BY THE APPLICANT

I declare that:

- The foregoing information is to the best of my knowledge, complete and correct.
- I accept that any inaccuracy may result in the cancellation of this application.
- I will inform the HoD/Executive Dean of any changes that may occur with regard to the information submitted above.
- I have studied the relevant policy document.
- I am aware of the Termination of Service clause in the policy.
- Sabbatical Leave should be applied for six months prior to the proposed start of the leave.
- I will not commence my Sabbatical Leave before I have signed the relevant contract with HR.
- I undertake to hand in a report, on the applicable form, every three months and a final report at the end of the leave to the Research Directorate with copies to the Executive Deans of the Faculty.

Signature of applicant		year		month		day	
Signature and comment of Line Manager (Professional staff)		year		month		day	
Signature and comment of HoD (Academic staff)		year		month		day	
Signature and comment Executive Dean (Academic staff)		year		month		day	
Signature and comment of the Deputy Vice-Chancellor: Academic & Research		year		month		day	

DEPARTMENT OF HUMAN RESOURCES

information recorded on system and contract signed by applicant

Full pay **Half pay** **Without pay**

Signature		year		month		day	
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*Format taken from NMMU – Acknowledgement in this regard is made.