

STUDY LEAVE APPLICATION FORM

Prior to completing and submitting this form to your line manager, please read the Sabbatical and Study Leave Policy. Once forwarded to your line manager they will add their comments before forwarding to the Head of Department (or nominee) for consideration.

PART ONE To be completed by the applicant

Date of application	
Name	
Position	
Department/College	
Start date	
Have you completed at least 26 weeks employment with the University?	Yes / No
Dates of previous periods of Study Leave	
Proposed period of Study Leave	From: _____ To: _____
Frequency of Study Leave (e.g. weekly, fortnightly, monthly, one continuation period)	
Please outline below the case for Study leave Please include: a) The course to be undertaken b) The method of delivery c) How it will improve your effectiveness d) How it will improve the performance of the Department and the University	

Costs and Financial Assistance (Please list any sources of funding applied for, with outcomes, as well as any other anticipated costs)	
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Applicant	
Date	

PART TWO To be completed by the Line Manager

Do you fully support this application for Study Leave? Please explain your reasons. (If the request is declined please refer to section 6.9 of the Sabbatical and Study Leave Policy)

Line Manager	
Date	

Section Three To be completed by the Head of Department

I approve this application	<input type="checkbox"/>
I am unable to approve this application for the reasons outlined below	<input type="checkbox"/>

Head of Department	
Date	

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

Please forward a copy of this application by email to the Organisational Development Team in Human Resources