



University of Fort Hare

Together in Excellence

Human Resources Development

Application for Sabbatical Leave

1. The applicant must ensure that all sections are completed before the application is submitted to the Programme Coordinator. In case of an Administrative Staff member the form must be submitted to the HOD first and then to the relevant **Applications must be made before the end of April of the year prior to the year in which the proposed leave is to commence.**
2. This application must comply with the leave regulations, which are available from Human Resources Department. (N.B: The onus is on the applicant to ascertain from the H.R.D. that his / her application complies with the prescribed leave regulations).
3. In case of study leave, the applicant must enter, prior to commencement of the approved leave, into a contract to return to Fort Hare for at least a period equivalent to the period he has been granted leave.
4. In case of an application for study leave, full details of the proposed programme must be given.
5. This completed application form must serve as a document before the relevant Programme Coordinators Committee. In case of an Administrative Staff member the completed application form must serve as a document before the relevant Registrar for transmission to the Staffing Committee.

SECTIONS

1. **Section A & B to be filled by the Applicant**
2. **Section C to be filled by the HOD/ Director of School**
3. **Section D to be filled by the HRD**
4. **Section E to be filled by the Faculty Dean**
5. **Section F to be filled by the Research Dean**
6. **Section G to be filled by the DVC**

SECTION A

Please ensure that all sections are completed before the application is submitted to Training and Development Unit.

NAME: **TITLE:**

APPOINTMENT DATE: **EMPLOYEE NO. :**
(Continuous Service)

FACULTY: **DEPARTMENT:**

SECTION B

PURPOSE OF THE LEAVE

Pursue a Qualification:

Research:

Write a book:

DETAILS OF THE PURPOSE & BENEFIT OF SABBATICAL TO THE UNIVERSITY

(Please attach a full detailed Annexure)

PROPOSED PERIOD OF LEAVE AND SALARY from..... to
Full academic year fall semester

STATE LOCATION WHILE ON LEAVE:

SALARY (full, ½ etc.)

Is leave contingent upon receipt of supplementary aid? No, go to next section Yes, complete the following:

Amount: Source of funding (Agency/Sponsor):

Status of funding: Alternate period for leave:

If funds from a sponsored project are to be combined with the sabbatical salary, approval must be obtained from the contracting agency to do so. When approval is obtained from the agency, a copy should be forwarded to Human Resources.

Is this an extension of a previous leave? Yes No

I hereby confirm that I understand the after returning from the leave whether I have obtained the qualification or not I will serve the University for a period that is stated in a Sabbatical policy failing which the University will deduct from the monies due to me or claim back from me the amount equivalent to the money they spent.

Signature: Date.....

SECTION C

The Director or the HOD must always make sure that the absence of the applicant will not negatively affect the delivery of the department.

- (a) Describe specific provisions made to cover applicant’s work during his/her absence including undergraduate and graduate instruction

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- (b) How will the proposed activity improve the applicant’s ability to meet the goals of the Department / University

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Please attach a detailed description of your plan of work for the Sabbatical, plan should include;

- (i) Brief description of the objectives of the leave
- (ii) Activities needed to implement the objectives
- (iii) Copy of invitation from another University
- (iv) Assurance from your sponsor that facilities are available to conduct the Sabbatical leave activities if appropriate.
- (v) Expected professional and scholarly outcomes resulting from Sabbatical.

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SECTION D

TO BE COMPLETED BY THE HUMAN RESOURCES OFFICE

- 1. Study leave already taken in present cycle.....
 From..... To.....

- 2. (a) Date of appointment of applicant:
- (b) Leave credit on appointment:
- (c) Leave accrued:
- (d) Total leave credit at commencement of proposed leave:
 From.....To.....
- (e) Total number of days leave applied for:
- (f) Total number of days of unpaid leave required:
- (g) Does the applicant qualify for leave applied for?
 (e.g years service, total credit required, per regulations)
- (h) Does the timing of the leave period comply with the regulations?

ABOVE INFORMATION HAS BEEN CHECKED AND CERTIFIED CORRECT.

.....
SIGNATURE

.....
DATE

.....
DESIGNATION

.....
PLACE

SECTION E

I approve the above request for leave, and if proposed the additional expense to the unit. I believe that the department can function effectively.

Recommendations of Executive Dean Yes: No:

Comments:
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Date:..... **Name:**..... **Signature:**

SECTION F

Recommendations of Executive Dean (Research) Yes: No:

Comments:
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Date:..... **Name:**..... **Signature:**

SECTION G

Approval of Deputy Vice-Chancellor: Approve

Not approve

Comments:

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Date:..... Signature:.....