

**UNIVERSITY OF SIERRA LEONE**  
**APPLICATION FOR LEAVE OF ABSENCE**  
**(Use Separate Sheet(S) When Necessary)**

**Part I**

**To Be Filled By Applicant**

1. Name of Applicant (Prof/Dr/Mr/Mrs/Ms):.....
2. Name of College/Institute to which applicant is presently assigned:.....
3. Date of First Appointment Present Position and Department:.....  
.....
4. Present Salary and Scale:.....
5. Proposed Course of Study/Research/Assignment:.....
6. Proposed Institution/Agency (Name & Full Addresses):.....  
.....
7. Any Available evidence of acceptance?.....

**(Attach Photocopy)**

8. (a) Duration of Study/Research/Assignment Commencement date:.....
9. Has applicant enjoyed Leave of Absence before:.....  
Give Dates.....
10. On a sheet of paper applicant should briefly state why he/she wishes to undertake the proposed Course/Research/Assignment.

.....  
DATE

.....  
SIGNATURE OF APPLICANT

**PART II**

**TO BE COMPLETED BY HEAD OF DEPARTMENT**

1. Has applicant discussed application with you?.....
2. (a) Recommended/Not Recommended  
(b) Reason(s):.....
3. Will additional staff be required?.....

DATE & SIGNATURE OF HEAD OF DEPARTMENT:.....

**PART III**

**TO BE COMPLETED BY DEAN AND DEPUTY VICE CHANCELLOR**

**A. To be completed by Dean**

Recommended/Not Recommended Reason(s):

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DATE

SIGNATURE OF DEAN

**B. To be completed by Deputy Vice Chancellor**

C. Application for Leave of Absence has been discussed with me.

I do/do not approve.

.....

DATE

.....

SIGNATURE OF DEPUTY VICE CHANCELLOR

**PART IV**

**REGISTRAR'S COMMENTS**

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.....  
.....

SIGNATURE: .....

DATE: .....

**PART V**

**DECISION OF THE VICE-CHANCELLOR AND PRINCIPAL**

.....  
.....

SIGNATURE: .....

DATE: .....