

UNIVERSITY OF SIERRA LEONE
APPLICATION FOR SABBATICAL LEAVE
TO BE COMPLETED IN DUPLICATE
(Use Separate Sheet(S) When Necessary)

PART ONE

1. Names of applicant (Prof./Dr./Mr./Mrs./Ms.):.....
.....
2. Name of College to which applicant is at present assigned:.....
3. Date of 1st USL Appointment and Present Position and Department:.....
.....
4. Present Salary & Salary Scale:
5. Proposed Course of study and research during Sabbatical Leave:.....
.....
.....
6. Proposed institution (Name and full address):.....
.....
.....
7. Any available evidence of acceptance? Yes/No:
- If yes, please attach a photocopy.**
8. (a) Duration of Course of Study/Programme of Research
(b) Commencement date
.....
9. (a) Has applicant enjoyed Sabbatical Leave before?.....
- (b) Details of last Sabbatical Leave – Please state dates, place and duration.....
10. On a sheet of paper, applicant should briefly say why he/she wishes to pursue the proposed Course/Programme of Research.

.....
DATE

.....
SIGNATURE OF APPLICANT

PART TWO

A. TO BE COMPLETED BY HEAD OF DEPARTMENT

1. Relevance of the Course of study or Programme of Research to the work of your Department.

2. (a) Recommended.....

(b) Give Reasons:

3. Additional Staff will be required.

*Delete as required.

B. TO BE COMPLETED BY DEAN

*Recommended/Not Recommended

Reason

.....
.....
.....
.....

.....

DATE

.....

SIGNATURE OF DEAN

C. TO BE COMPLETED BY DEPUTY VICE CHANCELLOR

Applicant for Sabbatical has been discussed with me.

*I do/do not approve

.....

DATE

.....

DEPUTY VICE CHANCELLOR

*Delete as required.

SECTION D

REGISTRAR'S COMMENTS

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.....
.....

SIGNATURE:

DATE:

SECTION E

DECISION OF THE VICE-CHANCELLOR AND PRINCIPAL

.....
.....

SIGNATURE:

DATE: