******SABBATICAL LEAVE APPLICATION FORM**

**2025/26**

**Please refer to the** [**Sabbatical Leave Policy**](https://www.ulster.ac.uk/internal-research/files/documents/Sabbatical-Leave-Policy-and-Procedures-2024.25-document.pdf)

NOTES FOR APPLICANTS:

* Sabbatical leave will be for a duration of 16 weeks and must begin on day one of teaching in any semester.
* Please complete in typescript, providing comprehensive details under Section D and continuing separate pages if necessary.

**Please complete and email to your Head of School by Friday 21 February 2025.**

**SECTION A: PERSONAL DETAILS**

**Title:**

**First Name:**

**Surname:**

**E-code:**

**Job Title:**

**School:**

**REF2021 UoA:**

**Date first appointed:**

**Retirement Date:**

**SECTION B: PREVIOUS LEAVE**

*Please give details of previous sabbatical leave*

**Dates of previous period of leave**:

**From: To:**

**Outcomes from previous period of leave** (*please state whether the objectives of your last sabbatical were met*):

**SECTION C: PROPOSED PERIOD OF LEAVE**

**Dates**:

**From: To:**

**Location:**

*(Where will you be located during the period of leave e.g. on-campus, off campus?)*

**SECTION D: PROPOSED ACTIVITIES AND OUTCOMES**

*Please give full details of the activities to be undertaken, identifying measurable timescales and outcomes/outputs, e.g. book, journal article, other form of assessable output, teaching enhancement* (500 words).

**SECTION E: BENEFITS**

*Please state how your proposed outcomes contribute to:*

**Making a ‘step change’, delivering impact or adding value to your research or teaching:**

**The furtherance of your career:**

**The successful implementation of the University’s People, Place and Partnership Plan and your School’s academic excellence priorities in relation to research and teaching excellence:**

**SECTION F: COVER**

*Please provide details of current academic commitments (teaching, supervisory, administrative or other duties) which will have to be undertaken by others in your absence and identify how this would best be achieved*:

**Teaching Duties:**

**Supervision of Research Students/Staff:**

**Administrative Duties:**

**Other duties/functions *(e.g.: roles on committees, working groups, etc*):**

**SECTION G: SIGNATURE OF APPLICANT**

I understand that, if sabbatical leave is granted, I shall be required to submit a report (within one month of the end date of the period of leave) providing evidence confirming the delivery of the outputs achieved during the period of my sabbatical leave to my Head of School. I also undertake, if sabbatical leave is granted, to ensure that my contact details are up to date so that the University can communicate with me during this period of leave.

**Name: Date:**

**PLEASE SUBMIT APPLICATION TO YOUR HEAD OF SCHOOL**

**RESEARCH SABBATICAL LEAVE APPLICATIONS ONLY**

**TO BE COMPLETED BY THE HEAD OF SCHOOL, RESEARCH DIRECTOR, ASSOCIATE DEAN R&I AND CHAIR OF FACULTY EXECUTIVE COMMITTEE**

**SECTION H: SCHOOL/UOA RECOMMENDATION** *(to be completed by the Head of School, Research Director and Associate Dean for R&I)*

**Observations**: (including nature of Applicant’s contribution to both School and UoA)

**HEAD OF SCHOOL**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**RESEARCH DIRECTOR**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**ASSOCIATE DEAN R&I**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**SECTION I FACULTY APPROVAL** (to be completed by the Chair of the Faculty Executive Committee)

**CHAIR OF FACULTY EXECUTIVE COMMITTEE**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**TEACHING SABBATICAL LEAVE APPLICATIONS ONLY**

**TO BE COMPLETED BY THE HEAD OF SCHOOL, ASSOCIATE DEAN EDUCATION AND CHAIR OF FACULTY EXECUTIVE COMMITTEE**

**SECTION J: SCHOOL/UOA RECOMMENDATION** *(to be completed by the Head of School and Associate Dean Education)*

**Observations**: (including nature of Applicant’s contribution to both School and UoA)

**HEAD OF SCHOOL**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**ASSOCIATE DEAN EDUCATION**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**

**SECTION K FACULTY APPROVAL** (to be completed by the Chair of the Faculty Executive Committee)

**CHAIR OF FACULTY EXECUTIVE COMMITTEE**

**I recommend/do not recommend** approval of this application (please delete as appropriate)

**Name: Date:**