

SABBATICAL LEAVE PROGRAMME APPLICATION FORM

- Notes:**
1. Please read the policy guidelines before filling out this form. The form is to be completed by the applicant with the recommendation of the Department Head, before it is submitted to the Dean for consideration.
 2. Completed forms together with **supporting documents, including a detailed description of the proposed programme (2-4 pages) and a brief curriculum vitae**, should reach the Dean's Office preferably one calendar year before the commencement of the programme.
 3. Information provided below will be used for processing your application and will be presented to the panel within the applicant's Faculty/School and to a central committee for consideration and deliberation. (Only applications supported by the respective Dean's Office will be submitted to a central committee via the Human Resources Office for follow-up.)
 4. If you have any questions related to this application, please contact the respective Dean's Office in the first instance.

Ref. No.:

(For Office use)

PART I PERSONAL AND PROGRAMME INFORMATION (to be completed by applicant)

Name: (English) _____ (Chinese) _____

Post title: _____ Staff No.: _____

Dept./Office: _____ Tel. ext.: _____

Year(s) of service: _____

Duration of the programme: ☐ 3 months from _____ to _____
☐ 6 months from _____ to _____
☐ 12 months from _____ to _____

[Note: It is preferable that a SLP should start on 15 January/July and end on 14 January/July. Please indicate the date of last SLP (if applicable): from _____ to _____].

Attachment institution(s) and location(s): _____

Explain briefly how the Department/Faculty/School and the University can benefit from your project(s):

Signature of applicant: _____

Date: _____

PART II RECOMMENDATION AND APPROVAL (to be completed by Department Head and Dean)

A. Please indicate how the duties of the applicant will be covered during his/her absence:

Duties	Arrangement (please specify)
Teaching (including research students supervision, if any)	
Administrative	
Others (please specify)	

B. Please give a brief description of the need of your Department/Faculty/School which will be met by this applicant's proposed programme:

C. Recommendation:

Signature of Head: _____

Name in block: _____

Department: _____

Date: _____

D. Recommendation of the Faculty/School:

☐ **Approved**

☐ **Not approved**

Remarks:

Signature of Dean: _____

Name in block: _____

Faculty/School: _____

Date: _____