**Study Leave Application Form**

**Last Update: September 2019 (brand updates)**

|  |  |
| --- | --- |
| **Name:** | **School/Department:** |
| **Job Title:** | **Email:** |
| **Start Date for Study Leave:** | **Planned End Date:** |
| **Previous Study Leave From:** | **To:** |

|  |  |
| --- | --- |
| **Teaching cover:**  Do you require cover for teaching?  *(If yes, list below your teaching duties for this period and the cover that has been agreed by the Head of School)* | Yes/No  *Authorised by:*  *\_\_\_\_\_\_\_\_\_*  *Head of School* |
| **Research cover:**  Do you require cover for research related activities?  *(If yes, list below your research activities and the cover that has been agreed by your Head of School)* | Yes/No  *Authorised by:*  *\_\_\_\_\_\_\_\_\_*  *Head of School* |
| **Administrative cover:**  Do you require cover for administrative duties?  *(If yes, list below your administrative duties and the cover that has been agreed by your Head of School/Faculty Manager)* | Yes/No  *Authorised by:*  *\_\_\_\_\_\_\_\_\_*  *Head of School/Faculty Manager* |

|  |
| --- |
| **Benefits to the individual and School:** |
| **Brief summary of proposed study leave activity and where it will be based (attach separate paper if appropriate):** |

|  |
| --- |
| **Expected outcomes/agreed goals of the study leave for the individual and School:** |
| **What were the agreed goals of the previous study leave and were they achieved:** |

|  |  |
| --- | --- |
| **Total Amount of Financial Support Requested:**  **Funding**  Have you obtained external funding for your study leave?  *(If yes, give details below and state the purpose for which the funding will be used)*  Other sources of funding sought or already obtained (detail below): | Yes/No |

|  |
| --- |
| **Head of School:** Please assess the merits of this application for study leave in the light of the Faculty’s Strategic Plan and the member of staff’s developing research profile.  **Approved:** Yes or No (If no please state the reasons below): |

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Head of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return a copy of this form to the Director of Human Resources,**

**HR Department, King’s Meadow Campus, to be placed on the HR File   
(for both successful and unsuccessful applications)**