*Please check with your Department that you have enough service entitlement to make an application for sabbatical leave before filling in this form.*

*It is important that your application for Sabbatical leave is made* ***at least 12 months in advance of the beginning of the academic session in which the leave will occur****, not the date of commencement of the leave itself. Even earlier planning is strongly encouraged.*

*You are required to submit a brief written report at the end of the period on the work/study undertaken during the period of sabbatical leave. This report will be kept on your file in Human Resources for reference when considering future sabbatical leave applications.*

*The* [*Sabbatical Leave Policy and Procedure*](https://info.lse.ac.uk/staff/services/Policies-and-procedures/Assets/Documents/sabLeaPol.pdf) *is available online.*

**Please complete PART A of the form and send it electronically to your Head of Department.** Incomplete forms will not be accepted, please ensure all sections are fully completed.

# PART A. To be completed by the employee, *(the form should be sent electronically to your Head of Department to review and potentially approve).*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Details (please enter the following details) | | | | | | | | | | | | |
| Title | Choose an item. | | | **First name** | | Enter text | | | | | **Surname** | Enter text |
| Job title | | Enter text | | | | | **Department** | | | | Enter text | |
| Are you employed on a visa? | | | | | Yes  No  If YES, please get in touch with [hr.visas@lse.ac.uk](mailto:hr.visas@lse.ac.uk) to inform them of your forthcoming sabbatical leave. | | | | | | | |
| Detail on Sabbatical Leave Request | | | | | | | | | | | | |
| Dates | | | | | **20**Select year **/** Select year Autumn  Winter  Spring  **20**Select year **/** Select year Autumn  Winter  Spring  **20**Select year **/** Select year Autumn  Winter  Spring | | | | | | | |
| Purpose for which Leave is sought and significance for Career Development  *(e.g. programme of work such as completion of a book, a programme of reading or study etc.)*  Note: The purpose of sabbatical leave is to enable members of academic staff to pursue research, initiatives related to education and/or other career development activities in order to achieve objectives that have been agreed with the relevant Head(s) of Department in line with Departmental and School strategy. | | | | | | | | | | | | |
| Enter text - staff applying for sabbatical leave are required to state in the application the purpose(s) for which the leave will be used (1-2 pages will usually suffice). For pursuing research, this may be a specific programme of work (e.g. completion of a book or article). For pursuing innovative initiatives in education or for other career development activities, a detailed plan of 3 pages or more is required. | | | | | | | | | | | | |
| Availability of your room  Note: The Estates Strategy Committee requests that notification is given when leave is taken in order to utilise space. If there are special circumstances which you feel should be taken into account, please give details here. | | | | | | | | | | | | |
| Room number | | | Enter text | | | **Room availability** | | | | Enter text | | |
| Do you intend to take any paid work during the period of leave?  Note: The purpose of sabbatical leave does not normally include enabling members of academic staff to accept a remunerated teaching engagement in term-time at another university, or to engage in other remunerative employment. | | | | | | | | | Yes  No  If you answered YES, please provide details:  Enter text | | | |
| Declaration of Employee | | | | | | | | | | | | |
| I wish to apply for sabbatical leave, as set out above and I confirm the information provided is correct. | | | | | | | | | | | | |
| Signed | | | Insert typed name or electronic signature | | | | | **Date** | | | Select date | |

### PART B. To be completed by the Head of Department

### *(If the sabbatical leave falls in a period beyond the current Head of Department’s tenure, they should consult with the Head of Department-elect.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Departmental staffing | | | | |
| Have you confirmed with your Departmental Manager that sufficient leave entitlement is in place? | | Yes  No | | |
| Satisfactory report received from employee on sabbatical leave taken? | | Yes  No  N/A  If you answered NO, the sabbatical leave application should be automatically declined until such a report is produced.  N/A should be selected if there have been no periods of sabbatical leave from academic session 2017/18 onwards. | | |
| Will the Department be short-staffed at the time of the leave for any reasons? | | Yes  No  If you answered YES, please provide details:  Enter text | | |
| Please provide full details of how it is proposed that the applicant’s teaching, tutorial and supervisory duties will be covered while they are on leave. | | Enter text | | |
| Have you taken into account the impact on compliance with the Consumer Protection Law before requesting the suspension of a course, in particular where notice periods are less than 12 months? | | Yes  N/A  If you answered YES, please provide details:  Enter text | | |
| Head of Department’s recommendation | | | | |
| I approve this application.  I am unable to approve this application and suggest postponing it to a specified future period for the following reasons:  Click here to enter text.  I decline this application, having consulted with the Pro-Director Faculty Development before doing so, for the following reasons:  Click here to enter text. | | | | |
| Signed | Insert typed name or electronic signature | | **Date** | Select date |

**The completed application form must be sent electronically to** [**Hr.Adviser@lse.ac.uk**](mailto:Hr.Adviser@lse.ac.uk)