

Application for Academic Leave

CHRIS/67

Please discuss your plans with your manager or Head of Institution before completing this form. Information on these various types of leave is available here: <http://www.admin.cam.ac.uk/offices/hr/policy/leave/professional.html>

PART 1 – APPLICATION FOR LEAVE

To be completed by the employee

Section A – Personal and Employment Details

Q2: Your personal reference number can be found on your payslip.

1. Full name
2. Personal Reference Number
3. Faculty / Department

Section B – Details of leave

If you are unsure which type of leave to apply for then contact your Departmental Administrator.

Enter either questions 5 and 6 or (for sabbatical and equivalent study leave only) question 7.

Short leave

Short leave of 14 days or less can be authorised by the Head of Institution.

Sabbatical Leave

Two terms' notice must be given when applying for sabbatical leave. Applications submitted before the Easter Term in the academical year 2 years before the academical year when leave will be taken will not be considered, e.g. applications for Michaelmas Term 2015 will not be considered until Easter Term 2014.

4. Type of leave	Tick one
Sabbatical (or equivalent study leave)	<input type="checkbox"/>
Unpaid leave for academic purposes	<input type="checkbox"/>
Paid leave for academic purposes	<input type="checkbox"/>
Short Leave (15-28 days during full term)	<input type="checkbox"/>
Substitute Residence (Professors and Readers only)	<input type="checkbox"/>
Additional Leave* (Heads of Department, etc., only)	<input type="checkbox"/>

If the leave is to be taken between particular dates, answer questions 5 and 6. For applications for unpaid leave, exact dates must be provided.

5. Start date of leave
6. End date of leave

Sabbatical and equivalent study leave only. If the leave is for particular whole terms, state which in question 7.

7. Terms to be taken

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** Additional leave is available under certain circumstances to Heads of academic institutions and chairs and secretaries of Faculty Boards not organised into departments. For details, see <http://www.admin.cam.ac.uk/offices/hr/policy/leave/additional.html>*

HR use only

Immigration status	
If Tier 2 or Tier 5, CHECK with Compliance before granting leave.	

Section C – Purpose of leave

Please indicate in the space on the right any information in support of your request for leave of absence. Requests for sabbatical leave should include a brief written statement on how you propose to spend your leave, as may be required by your Head of Department / Chairman of Faculty Board.

For unpaid leave for academic purposes the information must include an academic case approved by your Faculty Board.

Please note that if you hold a College appointment in addition to your University appointment, the following conditions apply:

- You should advise the College of your intention to take leave before completing this form and any accommodation and research support needs during this period.
- If your leave is externally- funded, you should seek payment from your sponsor to cover the College, as well as University, costs of substitute teaching at a standard rate. If the sponsor will not provide such funding, you may apply for exemption from this condition from your Faculty Board or equivalent.

Please note that if you hold an honorary clinical contract you should discuss arrangements with your Clinical Director at the relevant NHS Trust to ensure that cover arrangements for your clinical duties are agreed. Please set out these agreed arrangements in question 9.

8. How do you propose to spend your leave?

9. What arrangements do you expect to be put in place to cover your absence?

Section D – Declaration

I apply for leave as set out above.

Signed (applicant) _____

Date _____

The applicant should, where appropriate, secure confirmation from their Head of House below:

College Confirmation (if appropriate):

I confirm that I am aware of the leave application:

Signature of Head of House _____

Name _____

Date _____

You should now pass the form to the Head of Institution (or Chairman of Faculty Board for faculties not divided into departments) for completion of Part 2.

PART 2 – INSTITUTIONAL AUTHORISATION

This part must be completed by the Head of Department (for appointments held in departments) and the Chairman/Secretary of the Faculty Board. Please ensure that the following steps have been followed prior to the submission of this form to the Human Resources Division.

Section E – Departmental Authorisation

For faculties not divided into Departments, do not complete this section. Go to Section F.

This section must be completed by the Head of Department or equivalent (where the appointment is held in a Department). The form must then be passed to the Secretary of the Faculty Board.

Signed _____ Name _____

Position _____ Date _____

Section F – Faculty Board Support and Additional Information

For sabbatical leave and leave under Special Ordinance C (i) 2, Faculty Board support must be clearly stated. Copies of the relevant minute or a letter of support from the Chairman / Secretary of the Faculty Board should be attached.

10. Does the Faculty Board support this application for leave?

Yes No N/A

11. Date of Faculty Board approval

12. Does the Faculty Board wish to apply for exemption from need to obtain funding from College teaching element?

Yes No N/A

(If the applicant also holds a College appointment and wishes to take externally-funded leave, should the sponsor decline to pay for College, as well as University, costs of substitute teaching at a standard rate, he/she may apply to the Faculty Board for exemption from the need to obtain such funding. If the Faculty Board is satisfied that the sponsor will not pay and grants this exemption, confirmation should be indicated. Where practicable, it is hoped that they will assist the College in finding substitute teaching and direction of studies. In addition any replacement teacher should be required to undertake College teaching for that College equivalent to that officer on leave.)

Section G – Faculty Authorisation

To be completed by Chairman/Secretary of Faculty Board, or equivalent.

Signed _____ Name _____

Position _____ Date _____

Completed forms should be sent as follows:

1. By email or by post to your [HR School Team Administrator](#) at the Old Schools or the Clinical School as appropriate.
2. If applying from within a School, a copy of the fully completed form must be sent to your School Finance Manager at the School Office.