



UNIVERSITY COLLEGE DUBLIN

Notification for Research Sabbatical Leave for Faculty

TO BE FULLY COMPLETED BY THE EMPLOYEE – PARTIALLY COMPLETED OR SCANNED FORMS WILL NOT BE ACCEPTED

Full Name:															
Personnel Number:					Tel. Ext:										
School / Unit:					Grade & Job Title:										
Type of Leave requested:	One Semester Leave: <input type="checkbox"/>					One Year Leave of Absence for Research: <input type="checkbox"/>									
Dates Requested	From:	D	D	M	M	Y	Y	To:	D	D	M	M	Y	Y	
Purpose of Leave: <i>(For internal School use only)</i>															
Proposed Travel during Leave:	From:	D	D	M	M	Y	Y	To:	D	D	M	M	Y	Y	Country of Travel:
	From:	D	D	M	M	Y	Y	To:	D	D	M	M	Y	Y	Country of Travel:
	From:	D	D	M	M	Y	Y	To:	D	D	M	M	Y	Y	Country of Travel:
Details of Travel Arrangements and estimated costs:															
Full details of any External Funding/ Incidental Self Employed Income or Income from another post whilst on leave															
Declaration	<p>I _____ declare that the details provided above are correct and that I will not be in the employment of any other person or body for the duration of the leave and will not receive any remuneration in this regard. I can also confirm that I will not be in receipt of any income as a self-employed person, other than incidental income received for incidental work. Dated _____</p>														
TO BE COMPLETED BY HEAD OF SCHOOL AND COLLEGE PRINCIPAL:															
Expected Costs & Arrangements made for replacement (if required):¹															
Signature of Head of School											Date:				
Signature of College Principal											Date:				

N.B. Completed application form, duly approved by the Head of School and College Principal or in Executive Schools, the Head of School only, must be scanned to hrhelpdesk@ucd.ie no later than 3 months prior to the leave commencing.

¹ Please refer to the Temporary Teaching Replacement for Faculty Policy