

SWANSEA UNIVERSITY APPLICATION FOR LEAVE OF ABSENCE

Please complete in typescript or write clearly in black ink

Name: _____ Prof/Dr/Mr/Mrs/Miss/Ms:

Post held: _____ Date of Appointment:

Department/School: _____

Proposed period of absence from the University (give exact dates)

From: _____ To: _____

Name of institution(s) and/or place at which leave will be spent:

Purpose of leave requested:

If you are to hold a post at another institution during the leave, please give title and salary:

Title: _____ Salary: _____

Will you receive any other honorarium, scholarship or assistance with travel?
If yes, please give details

Summary of previous leave:

Any further information which you consider relevant to your application should be typed on a separate sheet, and attached to this document.

Signature of applicant:

Date:

To be completed by Head of Department

I hereby support this application for leave of absence, and am satisfied that appropriate arrangements have been made to enable the work of the Department to continue unhindered during the absence.

Signed:

Date:

For official use only:

Application recommended:

Date:

Paid

Unpaid

If unpaid:

University to pay employer's and employee's USS contributions

University to pay no USS contributions

University to pay employer's USS contributions