Appendix A

Application for a sabbatical

Part 1: To be completed by employee (and submitted at least 1 months before the proposed starting date of the sabbatical)

Employee Name: **Job Title:**

Department:

Reason for the sabbatical:

Note: Employees are not allowed to take up any other paid employment which on a sabbatical.

Period requested, (up to 3 months), including start/finish dates:

Additional comments, e.g. how can this be accommodated within your area of work:

Date discussed with Head Teacher:

To be signed by employee:

I confirm that I understand and agree to the terms of a sabbatical if the application is agreed.

Signed: **Print Name:**
Date:

Please forward the signed Form to the Head Teacher

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Part 2: To be completed by the Head Teacher, recommendations (if supporting the application, how do they think the post may be covered):

Decision (to approve/not approve sabbatical):

Reason(s):

Any conditions attached to the sabbatical (where appropriate):

Signed: **Print Name:**

Date:

Please notify the employee of the decision and submit the completed form via the Schools HR Portal or to your HR Provider.