## UNIVERSITY OF GHANA, LEGON

## SENIOR MEMBERS APPLICATION FORM FOR LEAVE FROM THE UNIVERSITY

(To be completed in quadruplicate. Applicants are required to send THREE completed forms to their Heads of Departments who should send TWO to the DEANS. Deans to send ONE to reach the Pro-Vice-Chancellor not later than 31 December)

1.	NAM	E OF APPLICANT			
2.	DEPA	ARTMENT/INSTITUTE/SCHOOL			
3.	TYPE	OF LEAVE REQUESTED (Please tick as appropriate)			
(a)	Stud	ly Leave (b) Sabbatical Leave	(c) Leave of Absence	e	
(d)	) Oth	er (please specify)			
4.	LENC	GTH OF LEAVE REQUESTED (with dates)			
5.	IN W	HICH INSTITUTION IS LEAVE TO BE TAKEN?			
6.	PROC	GRAMME OF WORK TO BE UNDERTAKEN (Please attach	n a detailed statement)		
7.	FINANCES  (i) Does applicant want financial support from the University? Yes				
	(ii)	If yes, what form? (Please tick as appropriate)			
	(a	) Salary (b) Salary & Supplementation	(c) Loan		
	(0	Other (Please specify)			
	(iii)	Is applicant receiving financial support from outside (for ap	oplicants seeking financi	ial support	
	` ,	from the University other than salary)? Yes	-		
	iv)	If yes, how much (please be specific)			
	(v)	Source of financial support			
8. I	DETAI	LS OF SERVICE WITH THE UNIVERSITY			
	(i	) Date of first appointment			
	(i	i) Leave granted in the last six years			
		a. Sabbatical leave - from	to		
		b. Leave of absence - from	to		
		c. Other (specify)	from	to	

11.	(TO BE COMPLETED BY THE HEAD OF DEPARTMENT)				
	(i)	Is information above correct?			
	(ii)	Is applicant eligible for leave requested?			
	(iii)	If not, state reasons			
	(iv)	Can the applicant's duties be adequately performed by the Department while he is away?			
	(v)	Indicate arrangements for carrying out applicant's duties in his/her absence			
	(vi)	Recommendation			
12.	HEAD OF DEPARTMENT'S SIGNATURE				
13.	DAII	E			
14.	COMMENTS BY DEAN (If any)				
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15.	SIGN	ATURE OF DEAN			
16.	DAT	E			