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| College of Medicine & Veterinary Medicine  Sabbatical Leave Request Form | | | | | |
| **Guidance** | | | | | |
| A member of academic staff wishing to request sabbatical leave should submit their application in writing to the relevant Dean/Head of School (or in the case of staff employed in College functions, to the Head of College). Periods of leave in excess of 6 months additionally require approval from the Head of College.  This form must be completed and approved before leave is entered in People and Money.  Please see further guidance here: <https://www.ed.ac.uk/human-resources/about/in-colleges/medicine-vet-medicine/sabbatical>  Should you have any queries concerning the completion of this form, please contact the relevant HR Partner for your area: <https://www.ed.ac.uk/human-resources/about/in-colleges/medicine-vet-medicine/contacts> | | | | | |
| **Section 1: Personal Details** | | | | | |
| Name: | |  | | | |
| Employee Number: | |  | | | |
| School/Deanery: | |  | | | |
| **Section 2: Contact Details During Sabbatical** | | | | | |
| Postal Address: | |  | | | |
| Phone Number: | |  | | | |
| Email address: | |  | | | |
| **Section 3: Sabbatical Details** | | | | | |
| Start date of leave (dd/mm/yyyy): | | | Proposed date of return to duty: (dd/mm/yyyy): | | |
| Location of sabbatical: | | | |  | |
| Who reporting to while on sabbatical: | | | |  | |
| Outline reason for Sabbatical: | | | | | |
| **Section 4: Payments & Funding** | | | | | |
| Type of Sabbatical: | PAID (through UoE payroll: | | | | UNPAID (or paid by another body):  Name of other body (if applicable): |
| Additional notes on the arrangement (if applicable): | | | | |
| Pension Contributions: | WITH pension contributions: | | | | WITHOUT pension contributions: |
| If considering unpaid leave it is recommended that the employee confirms the pension implications with the Pensions Department at [pensionsmanager@ed.ac.uk](mailto:pensionsmanager@ed.ac.uk) as e.g. cessation of pension contributions may cause USS death in service benefit to lapse. If an approach to continue contributions is agreed please complete the below section to confirm the funding arrangements. | | | | | |
| Pension Costs Allocation:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | To be Funded by: | | | To Cease | | Pension Element | UoE | Employee | Other Body | | Employee Costs |  |  |  |  | | Employer Costs |  |  |  |  |   UoE codes for Pension costs:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Entity | Fund | Cost Centre | Account | Analysis | Portfolio | Product | Intercompany | |  |  |  |  |  |  |  |  | | | | | | |
| **Section 5: Head of Centre/Division Authorisation** | | | | | |
| Name: | | | | | |
| Signature: | | | | | Date Approved (dd/mm/yyyy): |
| **Section 6: Additional information to be completed for ALL Clinical Staff, holding honorary NHS contracts** | | | | | |
| Specialty of Individual: | | | | | |
| Clinical Director Name: | | | | | |
| Clinical Director Signature: | | | | | Date Approved (dd/mm/yyyy): |
| Locum cover required:  YES:  NO: | | | | | If YES, cover to be arranged by:  NHS  University |
| List clinical allowances currently being paid to staff member (e.g. Clinical Banding, Clinical EPA, etc.)  Allowance Name: To be continued during period of Sabbatical:  1.       YES  NO    2.       YES  NO    3.       YES  NO    4.       YES  NO | | | | | |
| **Section 7: Additional Approval required for all Clinical Lecturer (ACN2 /StR) posts** | | | | | |
| Training Programme Director Name: | | | | | |
| Signature: | | | | | Date Approved (dd/mm/yyyy): |
| NES Postgraduate Dean Name: | | | | | |
| Signature: | | | | | Date Approved (dd/mm/yyyy): |
| Once the appropriate authorisation has been sought, please forward this form to the School/Deanery Administrator who will arrange for the Leave of Absence to be authorised by the HoS/Dean. | | | | | |

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| **Section 8: Head of School/Dean’s Approval (or College Registrar for those not in a School/Deanery)** | |
| Name: | |
| Signature: | Date Approved (dd/mm/yyyy): |
| Submit completed form to School/Deanery Administrator | |
| **Section 9:** **School/Deanery Administrator** | |
| * Upload completed form to employee’s Sharepoint file under category 07\_05 * Ensure the leave is recorded in People and Money as “Other Paid Leave” or “Unpaid Leave” as applicable with reason: “Academic/Sabbatical” and attach the approved form. **This is particularly important if the leave is unpaid as it will ensure Payroll and Pensions will be notified.**   Any changes to the leave dates must also be actioned in People and Money.   * Complete a Form 13 and/or Add Amend End Allowance form if there are any changes to salary funding or allowance payments required over the sabbatical period. * If any portion of the employee’s salary or allowances are funded by the NHS and there will be a change, please notify the College Finance Team at [MVM.College.Finance@ed.ac.uk](mailto:MVM.College.Finance@ed.ac.uk). * Send a copy of the form to the relevant HR Partner for your area: <https://www.ed.ac.uk/human-resources/about/in-colleges/medicine-vet-medicine/contacts> | |