

UNIVERSITY OF ILORIN, ILORIN, NIGERIA

DIRECTORATE OF HUMAN RESOURCES



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APPOINTMENTS AND PROMOTIONS COMMITTEE

APPLICATION FOR SABBATICAL LEAVE FORM

1. NAME IN FULL:
2. MARITAL STATUS:
3. STATE NAMES OF WIFE AND CHILDREN ACCOMPANYING:
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4. FACULTY/DEPARTMENT:
5. STATUS:
6. PRESENT ANNUAL SALARY:
7. DATE OF FIRST APPOINTMENT:
8. DATE OF CONFIRMATION OF APPOINTMENT:
9. DATE OF LAST SABBATICAL LEAVE (DAY, MONTH AND YEAR):
10. COMMENCEMENT AND END DATE OF SABBATICAL LEAVE (EXACT DATES):
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11. PROGRAMME OF ENGAGEMENT, RESEARCH/ACADEMIC IMPROVEMENT:

i.e details of work to be undertaken during the leave. If application is approved, relevant documents must be submitted before permission to travel can be granted. (Use separate sheet if necessary).

- (a) Introduction:
- (b) Objectives:
- (c) Materials and Methods:

12. INDICATE PLACE OF TENABILITY i.e University or Institution chosen for the study
(please enclose copies of relevant document: if any).

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13. ANY OTHER INFORMATION:

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14. DECLARATION:

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15. COMMENTS AND RECOMMENDATIONS FOR THE DEPARTMENT:

- (i) It is confirmed that the applicant can be spared from his/her duties i.e a replacement will not be required or that adequate arrangement has been made for his/her replacement.
- (ii) The application is recommended/ not recommended:

16. COMMENTS AND RECOMMENDATIONS OF FACULTY/INSTITUTE

The application is recommended/ not recommended:

Other comments:

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Date.....

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Signature of Dean/Director

**Delete whatever is not applicable if not recommended
Please indicate the reasons.**

**N.B: This form is to be completed in 5 copies and submitted to the Deputy Registrar
(Directorate of Human Resources)**