**UNIVERSITY OF SIERRA LEONE**

**APPLICATION FOR STUDY LEAVE**

**(USE ADDITIONAL SHEET(S) WHEN NECESSARY)**

**PART ONE**

1. Name of Applicant (Prof/Dr/Mr/Mrs/Miss)……………..…………………………..............................................

2. Name of College/Institute to which applicant is presently assigned:…………………………………….............

3. Date of First USL Appointment, Present Position and Department……………………………………….

………………………………………………………………………………………………………………………

4. Present Salary and salary Scale:………………………………………………………………..

5. Type of Study Leave requested (with full/half salary/without salary)………...................................................

6. Proposed Course of Study during Study Leave…………………………………………………………….

7. (a) Proposed Institution (Name and Full Address)………………………………………………...................

……………………………………………………………………………………………………………………..

(b) Particulars of Expected Financial Sponsors……………............................................................................

………………………………………………………………………………………………………………………

8. Any available evidence of acceptance by Institution?

**If Yes, Please attach a photocopy**

9. (a) Duration of Course of Study………………………………………………………………………….

(b) Commencement date:……………………………………………………………….

10. Has applicant enjoyed Study Leave with/without pay before?

If yes, give dates and state course(s):…………………………………………………………………….

…………………………………………………………………………….………………………………………

11. On a sheet of paper, applicant should briefly say why he/she wishes to pursue the proposed course.

………………… ……..……………………………….

DATE SIGNATURE OF APPLICANT

**PART TWO**

**A. TO BE COMPLETED BY HEAD OF DEPARTMENT**

1. Relevance of the course of study to the work of your Department………………................................................

……………………………………………………………………………………………………………………….

2. (a) Recommended/Not Recommended

(b) Reasons for (a) above

……………………………………………………………………………………………………………………...

3. \*Additional Staff will be required

\*No Additional Staff required

…………………....... ..……………………….

DATE SIGNATURE

\*Delete as required

**B. TO BE COMPLETED BY DEAN**

\*Recommended/Not Recommended

……………………… …………………………………….……

DATE DEAN

**C. TO BE COMPLETED BY DEPUTY VICE CHANCELLOR**

\*Application for Study Leave has been/has not been discussed with me.

\*I do/do not approve

………………………….. ……………………..

DATE DEPUTY VICE CHANCELLOR

**SECTION D**

**REGISTRAR’S COMMENTS**

……………………………………………………………………………………………...………………………………

………………………………………………………………………………………...……………………………………

……………………………………………………………………………………………………………………………

SIGNATURE: ……………………… DATE: ……………………………

**SECTION E**

**DECISION OF THE VICE-CHANCELLOR AND PRINCIPAL**

………………………………………………………………………………………………

………………………………………………………………………………………………

SIGNATURE: ……………………… DATE: ………………………

**UNIVERSITY OF SIERRA LEONE**

**AGREEMENT**

**AGREEMENT** is made the …….day of ……………2024 **BETWEEN** University of Sierra Leone (hereinafter called “The University”) of the first part andMR/MRS/MISS**…………………….…….**of………………………………….. **.**………………(hereinafter called “The member of Staff”) of the second part, and …………………………..of …………….…..and …………………………of……………………….....(hereinafter called “The Guarantors”) of the third part.

**WHEREAS:**

The University has agreed to support the training of the Member of Staff on study leave to enable him/her pursue a course in …………………………at the University, College, Institute etc. of …………………………………………….for the purpose of returning to the University.

**NOW THEREFORE**

In consideration of supporting the Member of Staff the said Member of Staff hereby agrees as follows:-

1. To devote his/her whole time to following the course of study for which the study leave is granted:
2. To satisfy the University as to attendance, conduct and progress by annual progress reports from the said University, College, Institute etc. of …………………………………………………..
3. To sit for and pass any prescribed examinations within the time fixed by the authorities of the said University, College, Institute etc. of………………….
4. To return to Sierra Leone immediately on the completion of the course of study for which this study leave has been granted and serve the University at least for a period not less than the duration of the study leave enjoyed by the Member of Staff, failing which, to pay back immediately to the University the total cost of the study leave with interest thereon at the rate of five percent per annum, as calculated by the University without prejudice to any other redress open to the

University in respect of any breach of the above conditions of those as stipulated in the letter of award.

1. We the Guarantors in consideration of the above award to the member of staff undertake to pay to the University on behalf of the said member of staff all monies due as a result of any breach or default by the said member of staff of the foregoing conditions.

**SIGNED FOR AND ON BEHALF OF THE UNIVERSITY BY**

NAME………………………………………………………………………..

POSITION……………………………………………………………………

**IN THE PRESENCE OF**

NAME………………………………………………………………………..

OCCUPATION……………………………………………………………….

ADDRESS……………………………………………………………………

**SIGNED BY THE SAID STAFF MEMBER**

NAME……………………………………………………………………….

DEPARTMENT OF …………………………………………………………

COLLEGE……………………………………………………………………

**IN THE PRESENCE OF**

NAME………………………………………………………………………..

OCCUPATION………………………………………………………………

ADDRESS:……………………………………………………………………

**SIGNED BY THE SAID GUARANTORS**

NAME…………………………………………………………………………

OCCUPATION………………………………………………………………..

ADDRESS…………………………………………………………………….

NAME…………………………………………………………………………

OCCUPATION………………………………………………………………..

ADDRESS…………………………………………………………………….

**IN THE PRESENCE OF**

NAME…………………………………………………………………………

OCCUPATION………………………………………………………………..

ADDRESS……………………………………………………………………..