

### SABBATICAL LEAVE REQUEST FORM

1. This form is for Lothian employees to apply for unpaid Sabbatical Leave.
2. Employees must have at least one year's service with Lothian to be eligible.
3. Sabbatical leave may be granted for a minimum of one month and up to 6 months / one year.
4. Please read the *Other Leave Policy*.

<b>1. Your details</b> – Please complete all fields using CAPITAL LETTERS	
Full name:	
Department:	
Preferred contact email/tel. no.:	
Employee/Payroll No.:	
Line Manager:	
<b>2. Key Dates</b>	
Sabbatical Start Date:	
Sabbatical End Date:	
<b>3. Annual Leave (Optional)</b>	
<input type="checkbox"/> Yes, I wish to use some of my annual leave toward my sabbatical leave <input type="checkbox"/> No, I do not wish to use any annual leave	
Number of annual leave days to be used:	
<b>4. Please sign to confirm</b>	
1. I have at least one year of continuous service with Lothian.	
2. I will make alternative arrangements for any deductions normally taken from my salary	
3. I understand that Lothian's Disciplinary Policy continues to apply during my period of unpaid sabbatical leave.	
4. I will ensure that Lothian is able to maintain contact with me throughout my sabbatical.	
5. I will seek and receive written approval from my manager if I intend to undertake any work during my sabbatical before accepting any employment.	
6. I have read, understood and agree to comply with all provisions set out in Section 7 Sabbaticals in the Other Leave Policy.	
<b>Signatures</b>	
Employee signature:	Date
Manager signature:	Date