

Application for Leave for Academic Purposes

- without** financial assistance
 with financial assistance from funding source indicated below:

- [] University Operating Budget
 [] Other University-Managed Funding / External Funding
 [] University Operating Budget and Other University-Managed Funding / External Funding

| PART I – To Be Completed by Staff Member | | | |
|--|--|---|------------|
| A. Staff Member's Particulars | | | |
| Name | | Staff No. | Department |
| Present Appointment | | Period of Present Contract From _____ to _____ | |
| B. Leave Details | | | |
| Purpose of Leave | Details of Leave (Please provide attachments where applicable) | Period of Leave | |
| | | From | To |
| a) Conferences, seminars, external examinerships, membership of conference committees, visiting committees and editorial boards. | Description (to include venue and date/period of conference/seminar/meeting) | | |
| Nature of Participation (Please attach copies of relevant correspondence) | | | |
| <input type="checkbox"/> read a paper. Is it a research paper? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> poster presentation. Is it a research presentation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a panel discussant <input type="checkbox"/> preside at a session <input type="checkbox"/> others: | | | |
| Title of Paper/Poster /Address to be presented at conference | | | |
| b) Research, fieldwork and short courses. | Description (to include research and fieldwork plan or place of study, and relevance of programme to Department/Faculty) | | |
| c) Postgraduate studies leading to a formal degree, postdoctoral training, or an approved fellowship/ scholarship | Description (to include place of study/training, and relevance of programme to Department/Faculty) | | |
| C. Contact Information While Away | | | |
| Overseas Address | | Telephone | |
| Email Address | | Fax | |
| D. Financial Assistance | | | |
| Funding from other University-managed funding (e.g. project grant) / external funding (e.g. conference organiser) | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (To give details below and attach copies of relevant correspondence) | | | |
| Source(s): | | | |
| Item(s) & Amount: | | | |

| | |
|---|--|
| Funding requested from University operating budget allocated to Faculty/Department <input type="checkbox"/> Airfare by the most economical means and direct route <input type="checkbox"/> Hotel accommodation (not applicable if more than 20% allowance requested) <input type="checkbox"/> Daily subsistence allowances (*70% / 20%) <input type="checkbox"/> Course/registration fees <input type="checkbox"/> Others, please state: | |
| Total: | |

E. Declaration

1. I declare that :
 - the information submitted complies with eligibility; and
 - there is no disruption to Department functions and teaching commitments (where applicable).
2. I accept that I may be contacted for consultation on urgent departmental matters, or asked to postpone the leave.
3. I undertake to retain relevant supporting documents for 3 years.
4. My teaching and other duties during the period of leave will be covered:
 - No, reasons being:
 - Yes, the following staff member(s) will cover my teaching and other duties:

| | |
|----------------------|---------------|
| <u>Name of Staff</u> | <u>Duties</u> |
|----------------------|---------------|

Signature of applicant:

Date:

**PART II – To Be Completed by Head of Department[^]
(if applicant is Head, Part II to be completed by the Dean)**

Application is supported/approved Yes No

Conference Tier Tier 1 Tier 2 Tier 3

Reasons/Comments

Signature of Head:

Date:

**Part III - To Be Completed by Faculty Committee
(if financial assistance is requested)**

Application for financial assistance is approved by the Faculty Committee

Yes for financial assistance of S\$_____ No

Reasons/Comments

Signature of Dean:

Date:

* Please delete as appropriate.

[^] For Deans/Directors of Univ-Level RICs, the approving authority is the Provost/Deputy President (R&T) as applicable.

#Please forward application form and supporting documentation to Office of Human Resources for follow-up action.