

# APPLICATION FOR PAID LEAVE OF ABSENCE

(Please complete and send to the Faculty Office)

Name:..... Department:.....

Period of leave requested:.....  
(please insert exact dates)

Purpose of leave and statement of place(s) to be visited:.....

.....  
.....

Has application been made to the Faculty Research Committee for funds or conference attendance?  
(yes/no/not applicable)

Have you applied to an outside funding body?  
(yes/no)

If so, please specify the organization and the amount of funds and state whether your application has been successful.

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Is any financial assistance required from the School for special reasons?  
(yes/no)

If so, please state the amount and purpose.

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Please indicate how your leave will affect your teaching schedule.

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I hereby agree to accept the conditions of the insurance indemnity details overleaf.

Signature of applicant:..... Date:.....

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Note: Chairs of Departments have power to approve leave of absence for up to seven days. The Dean (*via Faculty Board*) must approve longer periods of leave. In all cases the forms should be completed and sent to the Faculty Office so that a record may be kept for the Annual Report and any necessary administrative action taken.

Recommended/Approved\*:..... Date:.....  
(Chair of Department)

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NOTED/RESOLVED\* by Dean of Faculty (for administrative use)

That leave of absence be granted to: .....

For the period: .....

Contribution from School funds: .....

Dean of Faculty:..... Date:.....

\*Delete as necessary

**Conditions of Insurance Indemnity**

In connection with my academic duties and on behalf of the School of Oriental and African Studies, or in consequence of having accepted the invitation of a third party which arises from my duties at the School, I HEREBY AGREE that in consideration of the said School having effected a policy in the sum of £250,000 against accidental bodily injury or death subject to the policy terms and conditions, at all times, worldwide (except journeys wholly within Greater London), the said School shall not be further or otherwise liable in respect of any accident which I may sustain by reason of such travel. I further agree that the School shall not be in any way responsible for any illness incurred by me during such periods of travel.

Please Note: This is an accident policy only; it is not a policy to cover medical expenses, loss of money and baggage, cancellation charges etc. It is your responsibility to arrange this cover if you wish.