Long / Sabbatical / Entrepreneurship / Other Leave Application Form for Faculty

1. The faculty member is advised to apply such leaves well in advance, preferably before academic load is assigned.
2. Fill the application form & send docx file to admin-leave@iiitd.ac.in, admin-fa@iiitd.ac.in with CC to HoD-dept@iiitd.ac.in (concerned HoD) along with copies of invitation, supporting documents, etc.
3. The Office of Faculty Affairs. will check and confirm the eligibility as per applicable policy to the HoD.
4. The HoD to give his/her recommendations only after eligibility verification by the Office of Faculty Affairs. The leave application form will be forwarded to the Dean of Academic Affairs and Dean IRD, where applicable, for their consent.
5. The approval of the Dean of Faculty Affairs/ Director shall be taken.
6. No Dues process is to be followed before proceeding on leave, on a case-by-case basis.
7. The Office Order will be issued after BoG ratifies the leave.

|  |  |  |
| --- | --- | --- |
|  | Name of Faculty Member |  |
|  | Employee ID |  |
|  | Designation  |  |
|  | Name of Department (Primary) |  |
|  | Name of Department (Secondary) |  |
|  | Date of Joining the Institute |  |
|  | Type of leave to be availed | □ Long Leave (without pay) □ Sabbatical Leave □ Entrepreneurship □ Any Other . |
|  | Purpose of availing the leave | * Visiting Faculty Position □/ Research □/Training □ Entrepreneurship □ /Any Other .
* Is the position ; Regular □ / Temporary □
 |
|  | Period of leave requested:Date of commencement of leave | From: To: |
| 1.
 | Name and Address of the organization during leave |  |
|  | Financial support from the Institute | □ 6 months full-pay □ 1year half-pay □ Financial Support not required form the Institute |
|  | Please explain in brief how this assignment will help you & the Institute  |  |
|  | Dates and nature of previous Long Leave availed  |  |
|  | Arrangements for academic activities in the Institute during the leave period for |
|  | 1. PhD Thesis Supervision
 |  |
|  | 1. MTech Thesis Supervision
 |  |
|  | 1. Sponsored Projects
 |  |
|  | 1. Consultancy Projects
 |  |
|  | 1. Any other institute responsibility
 |  |
|  | Name of the Faculty Member & date *(will be taken as signature)* |  |
|  | **Remark and Recommendations of the Head of the Department***(on eligibility verification by office of Faculty Affairs)* |
|  | 1. Total No. of Faculty Members
 |  |
|  | 1. No. of slots available for Long Leave
 |  |
|  | ***------ For Office Use Only ------*****Remarks by Office of Faculty Affairs Department*** Leave availed in the past:
* Balance of leave:
* Eligibility: Yes □ No □
* Any remarks / Comments:
* Name and signature of Officer In-charge:
 |
|  | 1. No. of slots already committed
 |  |
|  | 1. Any comments on arrangements
 |  |
|  | 1. Any comments on the purpose of the leave
 |  |
|  | 1. Any Institute Fellowship
 |  |
|  | Recommendations: |  |
|  | Name of the Head  |  |
|  | Approval of DOAA (for recommendations for academic and research related concerns like supervisions etc.) *[Not Applicable in case of Sabbatical leave]* |  |
|  | Approval of DIRD |  |
|  | **Decision(s) of the Director/ Dean of Faculty Affairs** |
|  | 1. Approved
 | Yes □ No □ |
|  | 1. Orders (if any)
 |  |

*(Forms emailed shall not require signatures, if sent through their e-mail, which will be considered as signed)*

UNDERTAKING/AGREEMENT FROM FACULTY OF IIIT-DELHI

PROCEEDING ON SABBATICAL LEAVE

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Whereas, I, employed as at Indraprastha Institute of Information Technology Delhi (IIIT-Delhi) have applied for sabbatical leave for the period from

 to for serving as .

And whereas IIIT-Delhi have agreed to grant me sabbatical leave for a period of with effect from to on the condition that I shall resume/ rejoin my duty at this Institute and serve for a period of at least two years.

Now, therefore, I hereby declare and agree that the grant of leave on the conditions mentioned above and as per the Institute leave rules is acceptable to me and I hereby undertake and agree to abide by the same and that in the event of my failure to serve the Institute for two years after return, I undertake to return back the pay and allowances plus all expenses borne by the Institute during the leave period.

 Signature: . .

Name: . .

 Date: . .

UNDERTAKING/AGREEMENT FROM FACULTY OF IIIT-DELHI

PROCEEDING ON OTHER LEAVE

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Whereas, I, employed as at Indraprastha Institute of Information Technology Delhi (IIIT-Delhi) have applied for other leave for the period from

 to for serving as .

And whereas IIIT-Delhi have agreed to grant me other leave for a period of with effect from to on the condition that I shall resume/ rejoin my duty at this Institute and serve for a period of at least one year.

Now, therefore, I hereby declare and agree that the grant of leave on the conditions mentioned above and as per the Institute leave rules is acceptable to me and I hereby undertake and agree to abide by the same and that in the event of my failure to serve the Institute for one year after return, I undertake to return back the pay and allowances plus all expenses borne by the Institute during the leave period.

 Signature: . .

Name: . .

 Date: . .