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

1. Fill the application form & send to [admin-leave@iiitd.ac.in](mailto:admin-leave@iiitd.ac.in) with CC to [HoD-dept@iiitd.ac.in](mailto:HoD-dept@iiitd.ac.in) Please also attach copies of invitation / offer etc.
2. HoD to fill his / her comments in the form and forward to [admin-leave@iiitd.ac.in](mailto:admin-leave@iiitd.ac.in)
3. HR to process the request and inform the leave approval as reply by mail to faculty and CC to HoD

|  |  |  |
| --- | --- | --- |
|  | 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: |
|  | Name and Address of the organization during leave |  |
|  | Financial support from the Institute | □ 6 months full-pay  □ 1 year 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 |  |
|  | You will make the house available for temporary allotment to a faculty member of the Institute as caretaker during leave period : Yes □ No □ | |
|  | Name of the Faculty Member & date *(will be taken as signature)* |  |
|  | **Remark and Recommendations of the Head of the Department**  *(on eligibility verification by HR)* | |
|  | 1. Total No. of Faculty Members |  |
|  | 1. No. of slots available for Long Leave |  |
|  | ***------ For Office Use Only ------***  **Remarks by HR 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 |  |
|  | Recommendations: |  |
|  | Name of the Head |  |
|  | Approval of DIRD *(if needed)* |  |
|  | **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: . .