

Universiti Tunku Abdul Rahman			
Form Title : SABBATICAL LEAVE REPORT			
Form Number : FM-DHR-TD-018	Rev No: 2	Effective Date: 29/07/2024	Page No: 1 of 3

1. STAFF DETAILS

Name:	Faculty :	Staff No:
Duration of Leave : From _____ to _____ () days		
Venue of Leave: _____		

2. REPORT

i) Provide a brief summary of the original sabbatical plan

ii) Provide a report on the activities conducted during the sabbatical leave including any output such as journal article published, paper presented at conference, research funding obtained, etc.

(Please attach copies of the journal article/conference paper, letter of award for research funding and other supporting document (if any))

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iii) State current stage of postgraduate studies (applicable for sabbatical leave taken for completion of postgraduate studies). Letter from the Postgraduate Studies Institute/Centre to confirm the status of the postgraduate studies to be given as supporting document.

Date of Registration : _____

Date completed Proposal Defense : _____

Writing of PhD Thesis : _____
(state Chapters completed)

Estimated date for completion of PhD Thesis writing : _____

Estimated date for Work Completion Seminar (if any) : _____

Estimated date for Thesis Submission for examination : _____

Estimated timeframe for Viva Voce : _____

Any other information : _____

3. CERTIFICATION BY STAFF

I hereby declare that the information stated above are complete and correct.

Signature
Name:

Date

4. COMMENTS BY HEAD OF DEPARTMENT/DEAN OF FACULTY

Please comment on the following:

- i) Have the objectives for the sabbatical leave been achieved?
- ii) How did the sabbatical enhance the staff value to the department/faculty?
- iii) Is the staff's postgraduate studies progress within the normal duration of 4 years for completion? If no, what will be the action plan? (applicable for sabbatical leave taken for completion of postgraduate studies)

<i>Comments by Head</i>	<i>Comments by Dean of Faculty</i>
Signature of Head Name : Date:	Signature of Dean of Faculty Name : Date:

5. VERIFICATION BY DIRECTOR, INSTITUTE OF POSTGRADUATE STUDIES & RESEARCH

Comments:

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Signature
Name:

Date

6. VERIFICATION BY DIVISION OF HUMAN RESOURCE

Received By		Received On	
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