



**SCHOOL OF LANGUAGES SABBATICAL LEAVE REQUEST FORM  
FOR OUTSTANDING PERFORMANCE**

**NAME OF THE INSTRUCTOR :** -----

**PERIODIC PERFORMANCE REVIEW DATE:** \_\_\_\_\_

**1. SABBATICAL LEAVE REQUESTED**

	<u><b>Begin Date</b></u>	<u><b>End Date</b></u>
	DD / MM / YYYY	DD / MM / YYYY
One Semester (upto 4 months)	_____	_____

If combined with Sabbatical Leave, Annual Leave Begin Date ----- End Date: -----

**On a separate sheet, please attach a statement of Project purpose and a work plan for the Sabbatical Leave including the information below:**

- purpose and objectives of the Project
- description of project activities and a work plan
- institutional relevance
- contribution to the University, and the profession / community

I hereby affirm that my plans for the use of sabbatical leave are in accord with the statement of Project purpose and plan that I am providing in the attachment. I will not take a regular position or accept teaching assignments for pay at an institution other than Sabancı University, unless specifically approved by the SL Director and the President.

Within thirty days following the completion of my sabbatical leave, I will submit a report to the SL Director, evaluating the results achieved in relation to the sabbatical leave plan.

I will serve at Sabancı University for at least one year following the completion of my sabbatical leave. If I fail to comply with this obligation to provide at least one year of service immediately following my sabbatical leave, I agree to refund the salaries I have received from the University during the leave period. The net salary received will be converted to US Dollars at the TCMB selling rate on the salary date and refunded in TL at the current rate at the time of refund.

**Instructor :** ----- **Date :** -----

**2. ACADEMIC LEAVE STATUS ( completed by HR )**

**Previous Sabbatical Leaves (if taken)**

BEGIN DATE:	END DATE:	WORK START DATE:
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Eligible for : **SABBATICAL LEAVE**  
☐ One semester (upto 4 months)

Not eligible until:

**HR Director :** ----- **Date :** -----

## SL DIRECTOR

Comments:

SL Director : ----- Date : -----

**PRESIDENT**

**President:** ----- **Date :** -----