**D/493/11**

**Annexure E**



Doc 4.3

RESEARCH LEAVE (RL) REPORT

**This report must be submitted within 6 weeks after a period of RL
to the FRE Committee / RC**

COMPLETION OF THE FORM

1. This form is electronically available on the Staff Portal under both HR and Research Management.
2. Applications must be completed in typescript (electronically).

|  |
| --- |
| **SECTION A:** PARTICULARS OF APPLICANT |
| SurnameStaff No. |  | Initials |  | Title |  |
| Faculty/Division |  | Department |  |
| Telephone (work) |  | Email address |  |
| Period of RL | From |  | To |  |

|  |
| --- |
| **SECTION B:** RESEARCH LEAVE PERIOD REPORT BASED ON APPROVED RESEARCH PLAN AS PER THE FRE COMMITTEE/RC RESOLUTION(If targets for outputs were not met, provide reasons) |
|  |

|  |
| --- |
| **SECTION C:** PROOF OF OUTPUT(S) / PROGRESS |
| Attach proof as indicated below, where applicable:1. Acknowledgement of receipt of article (s) submitted for publication to accredited journal (s).
2. A letter from the study leader/ promoter confirming output / progress.
3. A letter from the editor / publisher confirming receipt of chapters / books.
4. Other
 |

|  |
| --- |
| **SECTION D:** STATEMENT BY THE APPLICANT AND RECOMMENDATION BY FRE COMMITTEE / DIRECTOR (FOR PASS STAFF AND ACADEMIC STAFF NOT LINKED TO A FACULTY) |
| **STATEMENT BY THE APPLICANT**I declare that:* The foregoing information is to the best of my knowledge, complete and correct.
* I accept that any inaccuracy may result in the RL awarded being converted to ordinary leave.

I will inform the FRE Committee of any changes that may occur with regard to the information submitted above. |
| Signature of Applicant |  | year |  | month |  | day |  |
| Name and Signature of Line Manager  |  | year |  | month |  | day |  |

|  |
| --- |
| **RECOMMENDATION BY FRE COMMITTEE / RC** |
| Approved 🗆 | Approved with conditions 🗆 | Not approved 🗆 |
| Comments: |  |
| Name and Signature on behalf of FRE Committee or RC |  | year |  | month |  | day |  |

(Remember to inform RM of decision)