

USMANU DANFODIYO UNIVERSITY, SOKOTO

(Office of the Registrar, Staff Training & Development Office)



APPLICATION FOR SABBATICAL LEAVE/PROFESSIONAL ATTACHMENT

SECTION A: To be completed by Applicant.

1. Name: _____
2. SP. No.: _____ 3. Phone No: _____
4. Institutional Email Address: _____
Alternative Email Address: _____
5. Google Scholar: Citation _____ h-index _____ i10-index _____
6. LINKEDIN ID: _____
7. MARITAL STATUS: _____
8. QUALIFICATIONS WITH DATES: _____
9. PRESENT RANK: _____
10. FACULTY: _____
11. DEPARTMENT: _____
12. DATE OF FIRST APPOINTMENT: _____
13. DATE OF CONFIRMATION (Tenure Staff Only): _____
14. DATE CONTRACT EXPIRES (Contract Staff Only): _____
15. INSTITUTION WHERE SABBATICAL LEAVE/ PROFESSIONAL ATTACHMENT IS
TENABLE: _____
16. PURPOSE FOR WHICH SABBATICAL LEAVE/ PROFESSIONAL ATTACHMENT IS
SOUGHT: _____
17. DURATION OF LEAVE/ATTACHMENT: FROM: _____ TO: _____
18. PREVIOUS LEAVE(S)/ATTACHMENT(S) WITH DATE(S): (a) _____

(b): _____
19. ANY OTHER INFORMATION: _____

Applicant's Signature

Date

SECTION B: To be Completed by Head of Department.

20. (a) Indicate number of staff on post and their specialization and required field of experience of the applicant.

S/No.	Name	SP.No	Rank	Specialization

21. ANY OTHER RELEVANT INFORMATION

HEAD OF DEPARTMENT'S RECOMMENDATION.

22. Recommended/Not recommended

.....
Signature

.....
Date

SECTION C: To be completed by the (Dean/Director of Faculty /Chairman ASAPC/Library APC/ JSTC.)

23. DEAN/DIRECTOR/CHAIRMAN'S RECOMMENDATIONS

Recommended/Not Recommended

.....
Signature

.....
Date

SECTION D: To be completed by the Secretary, Committee of Deans and Directors (for Record purpose only.)

24. COMMITTEE OF DEANS AND DIRECTORS' DECISION

(a) APPROVED/NOT APPROVED

(b) EFFECTIVE DATE OF THE LEAVE/ATTACHMENT: _____

.....
Signature

.....
Date

