

LONG / SABBATICAL / ENTREPRENEURSHIP / OTHER LEAVE APPLICATION
FORM FOR FACULTY

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

1.	Name of Faculty Member	
2.	Employee ID	
3.	Designation	
4.	Name of Department (Primary)	
	Name of Department (Secondary)	
5.	Date of Joining the Institute	
6.	Type of leave to be availed	<input type="checkbox"/> Long Leave (without pay) <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Any Other _____
7.	Purpose of availing the leave	<ul style="list-style-type: none"> • Visiting Faculty Position <input type="checkbox"/> / Research <input type="checkbox"/> / Training <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> / Any Other _____. • Is the position ; Regular <input type="checkbox"/> / Temporary <input type="checkbox"/>
8.	Period of leave requested: Date of commencement of leave	From: _____ To: _____
9.	Name and Address of the organization during leave	
10.	Financial support from the Institute	<input type="checkbox"/> 6 months full-pay <input type="checkbox"/> 1 year half-pay <input type="checkbox"/> Financial Support not required form the Institute
11.	Please explain in brief how this assignment will help you & the Institute	
12.	Dates and nature of previous Long Leave availed	
13.	Arrangements for academic activities in the Institute during the leave period for	
	a) PhD Thesis Supervision	
	b) MTech Thesis Supervision	
	c) Sponsored Projects	
	d) Consultancy Projects	
	e) Any other institute responsibility	
14.	Name of the Faculty Member & date (will be taken as signature)	
15.	Remark and Recommendations of the Head of the Department (on eligibility verification by HR)	
	a) Total No. of Faculty Members	
	b) No. of slots available for Long Leave	
	----- For Office Use Only -----	
	Remarks by HR Department	
	• Leave availed in the past:	

	<ul style="list-style-type: none"> • Balance of leave: • Eligibility: Yes <input type="checkbox"/> No <input type="checkbox"/> • Any remarks / Comments: • Name and signature of Officer In-charge: 	
	c) No. of slots already committed	
	d) Any comments on arrangements	
	e) Any comments on the purpose of the leave	
	Recommendations:	
	Name of the Head	
16.	Approval of DOAA (for recommendations for academic and research related concerns like supervisions etc.) <i>[Not Applicable in case of Sabbatical leave]</i>	
17.	Approval of DIRD	
18.	Decision(s) of the Director/ Dean of Faculty Affairs	
	a) Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) 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

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

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: _____