



**SELWYN COLLEGE
CAMBRIDGE**

**SABBATICAL LEAVE FORM:
UNIVERSITY TEACHING OFFICERS**

1. Name _____

2. Proposed Term(s) of absence _____

3. Please confirm that arrangements have been made for College teaching and administrative duties to be covered during this period and obtain the Senior Tutor's signature below

Signed (by Senior Tutor) _____

Date _____

4. Arrangements approved by Council

Date of Council meeting _____

5. Signed (by Head of House) _____

Date _____

NOTES

In the case of University Teaching Officers, sabbatical leave is a statutory right. This form is simply for record-keeping purposes so that College Council is made aware of the proposals for such leave well in advance.