**D/493/11**

**Annexure E**



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 | | | | | | |
| Surname  Staff 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) |
|  |

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| --- |
| **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)