

SABBATICAL LEAVE REPORT FORM

Please complete and return this form to your Head of Department within 3 months of the end of your period of leave

Name:	Department:
Period of leave taken:	

**How far have your original objectives (as outlined in Form SABBAPP) been achieved?
Please provide details on the following:**

Data gathering/source research undertaken:	
Research grant bids submitted:	
Publications substantially progressed:	
Publications submitted with anticipated date of publication:	
Other research outcomes/activities:	
Any other comments:	
Signed (Chair of Departmental Board):	Date: