

# SABBATICAL LEAVE REQUEST LETTER

To: \_\_\_\_\_

## Recipient Information:

Name and Title: \_\_\_\_\_

Department: \_\_\_\_\_

Organization: \_\_\_\_\_

## Applicant Information:

Full Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Sabbatical Leave Details:

Purpose of Sabbatical: \_\_\_\_\_

Duration of Leave: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Proposed End Date: \_\_\_\_\_

## Justification and Benefits:

I submit this sabbatical leave request in accordance with the organization's policies. The purpose of my sabbatical is to engage in research, professional development, and activities that will enhance my skills and contribute significantly to the organization's goals and objectives upon my return.

## Responsibilities During Sabbatical:

During the sabbatical period, I will ensure that all of my current responsibilities are adequately delegated or otherwise managed to minimize disruption. I understand that I remain subject to the terms and conditions of my employment contract except where explicitly modified by this leave agreement.

## Terms and Conditions:

1. The sabbatical leave is granted without pay unless otherwise agreed in writing. 2. The employee agrees to return to their position or an equivalent one upon completion of the sabbatical leave. 3. The period of sabbatical leave shall not affect the employee's continuous service for statutory entitlement calculations. 4. The employer reserves the right to modify or revoke this leave under exceptional circumstances in accordance with applicable UK employment law. 5. The employee will comply with all organisational policies and applicable laws during the sabbatical period. 6. Any intellectual property or confidential information generated or accessed during the sabbatical shall remain subject to the organisation's policies and UK law.

## Acknowledgment and Agreement:

By signing below, I acknowledge that I have read, understood, and agree to abide by the terms and conditions of this sabbatical leave request. I affirm that all information provided herein is true and accurate to the best of my knowledge.

**Applicant's Signature**

**Manager's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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