Sabbatical Leave – Request Form

Please read the Sabbatical Policy before completing this form.

I (*insert name*……) of (*insert department*……..)
wish to take sabbatical leave and can confirm the following:

I am employed on a permanent contract	Yes / No
I have been employed by Yamazaki Mazak UK Ltd for more than 3 years	Yes / No
I do not have a live formal disciplinary warning on file, I have a 'clean record'	Yes / No
I am not subject to any capability / improvement plan	Yes / No
The leave that I wish to take is at least 3 months from today's date	Yes / No
Please list the dates of any previous sabbatical leave requests and confirm if they were approved or declined:	
Please state the duration of your sabbatical leave, including the start and end dates: (NB: The minimum is one calendar month, with the maximum being six calendar months)	

I confirm that I have read and understood the Sabbatical Policy. I understand how taking this leave affects my terms and conditions.

Signature: Date:

Line Manager
Name:
Signature: Date:

Director
Name:
Signature: Date: