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| **Kaohsiung Medical University** **Sabbatical Leave Application Form** |
| Applicant | College/Department  |  | Substitute | College/Department  |  |
| Title |  | Title |  |
| Name | Signature or seal | Name | Signature or seal |
| Date of appointment to KMU |  | Years of service as professor | Date from totals years |
| Period of sabbatical | One year | Date from Date to |
| Half year | Date from Date toDate from Date to |
| Overseas research | □Yes □No  | Overseas venue for research |  |
| Outline the plan of the sabbatical leave1.Title of the plan:2.Abstract of the plan:3.Outline the tangible outcomes of the sabbatical leave. Continue on a separate sheet if necessary. |
| Hospital HR | Hospital Department Head | Hospital Superintendent |
|  |  |  |
| Department Head | Dean  | Joint Appointment Department Head  | Human Resources Office | Vice President | President |
|  |  |  |  |  |  |  |

\*Application by joint appointment faculty from hospitals must be approved first by the pertinent Hospital.