



**HUMAN RESOURCES  
SABBATICAL CONFIRMATION**

Refer Academic Sabbatical [UP 15/3](#)

This form is to be completed at least three months prior to the commencement of Sabbatical and forwarded to Human Resources. Insufficient notice may delay booking of leave and processing of payments.

**SECTION 1 - APPLICANT DETAILS**

Employee Number

Family Name  Given names

Position Title (eg, lecturer)

School/Admin Dept.

**SECTION 2 - PERIOD OF LEAVE DURING SABBATICAL**

For Sabbatical purposes, annual recreation leave and Long Service Leave cannot be booked on ESS.

- Annual Recreation Leave will be processed by Human Resources on the details provided below.
- Long Service Leave must be submitted on a Staff Leave Application Form.

Total weeks on Sabbatical  Total days on annual recreation leave

Start date of Sabbatical  (dd/mm/yy) End date of Sabbatical  (dd/mm/yy)

Start date of annual rec leave  (dd/mm/yy) End date of annual rec leave  (dd/mm/yy)

Annual recreation leave must be taken within the Sabbatical period based on the standard 20 days annual recreation leave per 12 months service and a pro-rata amount for lesser periods of Sabbatical (eg, 10 days for six months).

If you are an ESS leave approver, and no-one will be acting in your position whilst away, please indicate the name of the temporary delegated leave approver.

**SECTION 3 - TRAVEL DETAILS (if applicable)**

Please indicate travel locations and dates you will be at these locations for Sabbatical purposes.

CITY	COUNTRY	FROM (dd/mm/yy)	TO (dd/mm/yy)	NO. OF DAYS

I am requesting payment of the Sabbatical Grant:  Yes  No

**SECTION 4 - TRAVEL ASSISTANCE FOR PARTNER and/or DEPENDENT CHILDREN**

This section must be completed - please tick as appropriate.

Not applicable

Partner  → Dates of absence: From (dd/mm/yy)  To (dd/mm/yy)   
Number of days

Dependent children  → Dates of absence: From (dd/mm/yy)  To (dd/mm/yy)   
Number of days   
Number of children

**NOTE:** To qualify for travel assistance, a partner and/or dependent children must accompany you for at least 50% of the time. If your partner is also a UWA employee and is applying for Sabbatical at the same time, only one parent may apply for travel assistance for the dependent children.

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**SECTION 5 - GRANT PAYMENT DETAILS**

Please tick as appropriate.

- Pay a taxed Sabbatical grant.  
 Pay a non-taxed Sabbatical grant.

Please note that once the grant has been paid as elected above, there will be no retrospective adjustment or repayment of the grant.

- Pay Sabbatical grant as soon as possible in the current financial tax year.  
 Pay Sabbatical grant in the next financial tax year.

**NOTE: The Sabbatical grant is considered to be taxable income by the Australian Taxation Office regardless of whether it is taxed or non-taxed at the time of payment. Where the period of Sabbatical incorporates two financial tax years, it is advisable to request payment of the grant in the financial year in which the major portion of expenses occur.**

**Please refer to Academic Sabbatical Policy [UP 15/3](#) Clause 13.6 for ATO requirement to keep receipts and maintain a travel diary. Full details regarding the Sabbatical Travel Grant can be found in the Academic Sabbatical Policy [UP 15/3](#) Clause 13.6.**

**SECTION 6 - SALARY PAYMENT DETAILS**

Salary payments during Sabbatical can continue fortnightly or can be paid in advance. Where the leave incorporates June 30 advance payments will be disbursed in two parts.

I confirm that my salary is to be paid: *(please tick as appropriate)*       Fortnightly       In Advance  
Do you have Salary Packaging? *(please tick as appropriate)*       Yes       No

**Note:** You may access your Payment Summary on-line at ESS: [https://asprod.hr.admin.uwa.edu.au/pls/hisprod/wk8003\\$.startup](https://asprod.hr.admin.uwa.edu.au/pls/hisprod/wk8003$.startup)

**SECTION 7 - EMPLOYEE'S ENDORSEMENT AND DISCLAIMER**

I acknowledge the General Conditions contained in the Sabbatical Policy governing Sabbatical, and in particular those conditions providing for reimbursement to The University of Western Australia of any Sabbatical grant and salary paid for the period of leave. Refer Academic Sabbatical Policy [UP 15/3](#) Clause 14.2.2.

I confirm that information given on this form is true at the time of completion. I am aware that supplying false or misleading information may lead to disciplinary action.

Signature (applicant)

Date (dd/mm/yy)

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Name (applicant) *(please print)*

**SECTION 8 - ENDORSEMENT BY HEAD OF SCHOOL**

Signature (Head of School)

Date (dd/mm/yy)

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Name (Head of School) *(please print)*

**SECTION 9 (Required if there is any variation to original proposal - refer Clause 15 of University Policy on Academic Sabbatical)**

**Details of variation are -**

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Signature (Dean or SDVC as per Clause 15)

Date (dd/mm/yy)

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Name and Title *(please print)*