**RESEARCH LEAVE APPLICATION**

*(pursuant to Article 130 items 3 and 4 of the Act of 20 July 2018 Law on Higher Education and Science §25 of the Rules of Work at the University of Warsaw)*

**Employee’s first and last name:** : ………………………………………………………….

**Position**:…………….……………...………...

**Faculty/Organizational unit**: ……………………………..…………………..……………..

In connection with my visit to ………………………………………………………………….

the purpose of which is to *(select the appropriate with ‘X’)*:

[ ] undergo training, complete scientific / teaching internship abroad

[ ] participate in a conference

[ ] participate in joint research with a foreign entity based on a scientific cooperation

 agreement

or the participation of joint scientific research

[ ] carried out with the Łukasiewicz Centre or an institute of the the Łukasiewicz Research Network

Purpose of visit /joint scientific research (short description) ………………………...……………..

…………………………………………………………………...………………………………

…………………………………………………………………...………………………………

**I kindly request paid research leave:**

from ................................... to ...........................................

Dated: ...................... .............................................

 *employee’s signature*

**Decision of the Dean / Head of university-wide organisational unit:**

Research leave up to 60 calendar days in an academic year is granted by the Dean or the Head of university-wide organisational unit.

I do hereby grant you paid leave from ............................... to …………..........................

.................………………………………………………..

*(date, Dean’s / Head’s signature, stamp)*

Where justified, at the request duly accepted by the Dean or the Head and filed by an academic teacher, the University Rector may grant a leave exceeding 60 calendar days, however not longer than 12 months (365 calendar days).

**Dean’s / Head’s opinion:**

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*(date, Dean’s / Head’s signature, stamp)*

**Rector’s decision**

I do hereby grant you paid leave from................................to ……………......................

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*(date, Rector’s signature, stamp)*

Please submit the completed and signed form to the Office of Human Resources, University of Warsaw.