**REQUEST FOR STUDY LEAVE**

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

**Employee’s name and surname**: ………………………………………………………….

Position:…………….……………...………...

Faculty/Organisational unit: ………………………………..…………………..……………..

**I hereby request paid study leave:**

**from……………........……………… to …………………....…….........….**

for the purpose of (*mark the appropriate “X”*):

[ ]  education, a scientific or teaching internship abroad

[ ]  participating in a conference

[ ]  conducting library and archival research

[ ]  undertaking a study visit

[ ]  conducting other scientific activities

[ ]  participating in joint scientific research carried out together with a foreign entity based on the agreement on scientific cooperation

[ ]  participating in joint scientific research conducted with the Łukasiewicz Centre or a Łukasiewicz Network institute.

Purpose of the leave (*short description*)…………….………….……………………………

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On…………………… ……………………………

*(employee’s signature)*

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

Leave for a period not exceeding 60 calendar days per academic year is granted by the dean or the head of a university-wide organisational unit.

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

.................………………………………………………..

*(date and signature of the Dean/Head of the university-wide organisational unit, stamp)*

In particularly justified cases, at the request of an academic teacher and upon the opinion of the dean or the head of a university-wide organisational unit, the Rector may grant an academic teacher study leave for a period exceeding 60 calendar days, but not longer than for 12 months (365 calendar days).

**Opinion of the Dean/Head of the university-wide organisational unit**

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*(date and signature of the Dean/Head of the university-wide organisational unit, stamp)*

**Decision of the Rector**

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

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*(date and signature of the Rector, stamp)*

Please send the completed and signed document to the Human Resources Office of the University of Warsaw.