



CAS Leave of Absence/Sabbatical Faculty Request Form

Name: _____ University ID Number: _____ Rank/Title: _____

Department: _____ Academic Year of LOA/SAB: _____

Please select the relevant semester(s) and leave type(s) requested:

- | | | |
|-----------------|-------|--|
| Fall semester | Type: | Will you take this leave if funding is not received? |
| Spring semester | Type: | Will you take this leave if funding is not received? |
| Academic Year | Type: | Will you take this leave if funding is not received? |
| Calendar Year | Type: | Will you take this leave if funding is not received? |

If you selected Academic Year or Calendar Year above and you'd like to propose an alternative if funding is not received, please indicate the alternative plans below:

- | | | |
|-----------------|-------|--|
| Fall semester | Type: | Will you take this leave if funding is not received? |
| Spring semester | Type: | Will you take this leave if funding is not received? |

Summary Description of Proposed LOA/SAB plans:

List agencies to which funding applications have been submitted and/or sources of support for Paid LOA/Sabbatical Leave:

History of Approved LOA/SABs:

<i>Academic Year</i>	<i>Duration</i>	<i>Type of LOA/SAB</i>	<i>Was LOA/SAB Taken?</i>
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Tenure-Track Faculty: are you requesting deferment of your tenure review? Yes No

Please indicate your current citizenship/visa status:

US Citizen US Permanent Resident

Foreign National under Immigration Sponsorship *Visa Type and Expiration Date: _____

Are you in the process of applying for US permanent resident status? Yes No

**International faculty under immigration sponsorship may be subject to restrictions on leaves due to immigration regulations and must consult with the International Students and Scholars Office when submitting a leave request.*

Faculty Member: _____

Signature & Date:

Department Chair: _____

Signature & Date: