## Academic Leave of Absence/Sabbatical - Faculty Request Form

INSTRUCTIONS: After you have completed and **signed** this form, please submit it with all of the attachments listed below to your department chair for evaluation.

Note: Faculty who do not return from an approved leave/sabbatical for at least one year of service will be required to reimburse the salary paid by BU (and not supported by external sources) during the time of leave/sabbatical. Any exceptions must be approved by the Office of the Provost.

I understand that if I do not return from an approved leave/sabbatical for at least one year of service, I will be required to reimburse the salary paid by BU during the time of the leave/sabbatical. A detailed description of proposed leave/sabbatical plans including an explanation of how the Attachments: leave/sabbatical will lead to professional growth, as well as a proposal, if appropriate, for obtaining outside funding. Name (Last, First, MI) University ID Number Academic Year of LOA/SAB School/Department Rank/Title Duration of Proposed LOA/SAB Academic Year Semester I Semester II Calendar year Type of LOA/SAB Requested LOA With Salary LOA Without Salary SAB for Sem. at Full Salary SAB for Year at Half Salary 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: Academic Year Duration Type of LOA/SAB Was LOA/SAB Taken? Please indicate your current citizenship/visa status: US citizen Foreign national under immigration sponsorship. Visa Type and expiration date: US permanent resident Are you in the process of applying for US permanent resident status? Yes 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. Initial Full-Time Appointment Date Year Tenure Granted Tenure Track Faculty: are you requesting deferment of your tenure review? Yes RECOMMENDATION/APPROVAL REQUEST FOR LEAVE OF REQUEST REGARDING DEFERMENT OF Faculty Member ABSENCE/SABBATICAL TENURE REVIEW (requires Provost approval) Date Concur Dissent Concur Dissent N/A Chair Date Dean Concur Dissent Concur Dissent N/A Date Concur Dissent Provost N/A Date New Projected Tenure Review Year