

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: Click on the save icon in the toolbar to download the form to your computer. Use Adobe Acrobat to open, complete and save the form so you can go back to it. Print the completed form and obtain appropriate signatures on the printed copy. Forward the signed copy of the form with relevant supporting materials to the Office of the Provost)

Attachments: - A detailed description of proposed leave/sabbatical plans including an explanation of how the 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: | | | |
|-------------------------------|-----------------|------------------------|---------------------------|
| <i>Academic Year</i> | <i>Duration</i> | <i>Type of LOA/SAB</i> | <i>Was LOA/SAB Taken?</i> |
| | | | |
| | | | |
| | | | |

Please indicate your current citizenship/visa status:

US citizen

Foreign national under immigration sponsorship.

US permanent resident

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.

| | | |
|------------------------------------|---------------------|--|
| Initial Full-Time Appointment Date | Year Tenure Granted | Tenure Track Faculty: are you requesting deferment of your tenure review? Yes No |
|------------------------------------|---------------------|--|

RECOMMENDATION/APPROVAL

| REQUEST FOR LEAVE OF ABSENCE/SABBATICAL | REQUEST REGARDING DEFERMENT OF TENURE REVIEW | Faculty Member |
|---|--|----------------------------------|
| Concur Dissent | Concur Dissent | Chair Date |
| Concur Dissent | Concur Dissent | Dean Date |
| Concur Dissent | Concur Dissent | Provost Date |
| | | New Projected Tenure Review Year |