

Leave of Absence/Sabbatical/Other – 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:
- 1) A detailed description of proposed leave/sabbatical plans including an explanation of how the leave/sabbatical will lead to professional growth
 - 2) A copy of applications for external 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 Without Salary	SAB for Year at Half Salary	SAB for Sem. at Full Salary	Other:
Summary Description of Proposed LOA/SAB/Other plans			

List agencies to which funding applications have been submitted and/or sources of support for 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
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RECOMMENDATION/APPROVAL

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