

The College of Human Environmental Sciences

Request for Sabbatical Leave (ver. 7/15/20)

The University offers tenured faculty members the opportunity to apply for sabbatical leave to engage in activities designed for professional growth, development, and renewal. Granting of this leave is dependent on many factors, therefore please consult the Faculty Handbook before completing this form.

Timeline: Applications for sabbatical leave to be taken during the following academic year are due to the department chair no later than October 1st. Department chairs will evaluate the application and make their recommendation to the Dean's office no later than November 1st. After the departmental recommendation has been evaluated by the dean, the application and appropriate documents will be sent to the Provost's office by December 1st and the Provost's decision will be transmitted to the individual by February 1st.

Name: _____ CWID: _____

Department: _____ Date of initial appointment to UA: _____

Semester(s) for which the leave is requested: _____

Use the following headings to prepare your request:

1. **Previous Sabbatical Leave.** Have you previously received a sabbatical leave? If yes, when was your previous sabbatical leave? What were the results and major benefits? Include a copy of your final report of the leave.

2. **Proposed Sabbatical Plan-Brief Statement.** Please provide a brief leave plan (no more than a paragraph) describing the project.

3. **Proposed Sabbatical Plan-Detailed Statement.** Please write your proposal in such a way it can be understood by colleagues in other disciplines. Avoid jargon and technical explanations that assume detailed knowledge of the subject matter. Proposals should be concise and limited to a maximum of three single-spaced pages.

a) Purposes. Describe the specific objectives of your proposed leave.

b) Work to be Accomplished. Describe specifically what you plan to do and how you plan to accomplish it. Include a tentative schedule for the major steps in the project.

c) Anticipated Results/Deliverables. What tangible results will the project have? How do you plan to disseminate the results (e.g. book, journal articles, exhibition, etc.)

d) External Funding. Is external funding (grant, consulting monies, etc) available or being provided to support this project/leave? If so, please explain.

e) How does this plan relate to your professional development? If you are in a discipline for which external funding is available, describe your recent history of contract and grant funding and explain how this leave will enhance your ability to get funding in the future.

f) Justification. Explain how the proposed work could not be done through the existing workload and the provided release time for research and scholarly activity.

4. Supporting Documents.

a) Your curriculum vita.

b) If your project involves access to restricted facilities, affiliation with other universities, use of other facilities, or collaboration with other individuals, please append letters granting support from the relevant authorities/entities.

c) Travel plan – Where will you spend the leave time? Please define your travel plans and plans for appropriate residence while away from campus.

d) Please provide the names of two references who can supply an informed judgement about the proposed project.

If there is a change in the proposed plan for any reason, a revised application must be submitted.

Faculty

I acknowledge that the information provided in this application is true and complete. I understand that sabbatical leave is based on many external factors and may not be guaranteed or available at the time I am requesting.

Faculty Signature: _____ Date: _____

Chairperson's Recommendation

Approval for the request is _____ recommended
_____ not recommended

For the following reasons:

If recommended, the applicant's normal duties can be covered in the following manner:

Budgetary adjustments will be needed as follows:

Among the _____ applications for leave from this department, I rank this application number _____ in priority.

Department chair signature: _____ Date: _____

Dean's Recommendation

Approval for the request is _____ recommended
_____ not recommended

For the following reasons:

Budget needs _____ can be met by the College
_____ cannot be met by the College

Dean's signature: _____ Date: _____

Provost's Recommendation

Approval for the request is _____ recommended
_____ not recommended

For the following reasons:

Provost's signature: _____ Date: _____