Faculty who wish to apply for sabbatical leave should consult their CBA and BOR Policy
UNAC CBA Article 16.6, P04.04.060

Name of Applicant: ____________________________________________________
Academic Rank: _____________________________________________________
Department: ___________________________________________________________
College/School: _________________________________________________________
Date of initial hire in full-time faculty position: _____________________________
Date Tenured: _______________  Date of Post-Tenure Review: _______________

First Time Applicants: Faculty applying for sabbatical leave for the first time must have completed at least 5 years of service in a academic rank position within the university system. They may apply in their 5th year of service for a sabbatical leave to be taken in their 6th year.

Applicants: Faculty applying for sabbatical leave for the second or subsequent time must have completed 5 years of service since last sabbatical and may apply in their 5th returning year of service for a sabbatical leave to be taken in their 6th year.

Check One:
- First application—Number of years completed in full time position _________
- Second of subsequent application—Date of last sabbatical _________

List leaves longer than 3 months that you have had since the date of hire or since your return from the last sabbatical leave (include type, dates, and funding)

Verification that above information is correct (OAA): ____________________________________________

Type of Sabbatical
- Academic year Sabbatical (one academic year at a rate of 6 months salary)
- Semester Sabbatical (one semester not to exceed one semester’s salary)

Dates of proposed sabbatical leave: From ____________ to ____________

List names and dates of foreign countries you intend to visit during your sabbatical leave (for Risk Management)

Other non-sabbatical leave funds and income anticipated:

Attachments to include with application
* Statement of plan for sabbatical leave
* Current CV
* Documentation of cooperative arrangements
* Copy of invitation or authorization from another institution is leave is dependent on another institution
Statement of plan for sabbatical leave

Attach an outline of your plan for the sabbatical leave. Please include statements which address the following:

A. Objectives of your plan
B. Summary of proposed activities
C. Anticipated time of completion of project
D. Anticipated benefits of the leave to your own goals and those of UAA
E. Efforts to secure outside funding if the funding is relevant to this application. If leave is dependent upon award of outside funding, please indicate.
F. If leave is dependent upon utilization of facilities of another institution, please indicate and attach copy of letter of invitation or authorization.

Your signature below indicates that you are familiar with all obligations a faculty member has regarding a sabbatical, as described in your respective CBA, and specifically that you are willing to remain employed by UAA for at least one year after the completion of the term of your sabbatical leave.

Signed:__________________________________________     Date:_________________________________

Recommendations

Approved _________________    Disapproved _________________    Priority _________________
Comments:

______________________________               ____________________________
Signature of Director            Date

Approved _________________    Disapproved _________________    Priority _________________
Comments:

______________________________               ____________________________
Signature of Department Chair    Date

Approved _________________    Disapproved _________________    Priority _________________
Comments:

______________________________               ____________________________
Signature of Dean                Date

Approved _________________    Disapproved _________________    Priority _________________
Comments:

______________________________               ____________________________
Signature of Provost             Date