

Faculty who wish to apply for sabbatical leave should consult their CBA and BOR Policy

Applicant Information

Name of Applicant: _____

Academic Rank: _____

Department: _____

College/School: _____

Date of initial hire in full-time faculty position: _____

Date Tenured: _____ **Date of Post-Tenure Review:** _____

Eligibility

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): _____

Sabbatical Type

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

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 if leave is dependent on another institution

Sabbatical Plan**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 that 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.

Signature

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**Director**

Approved _____ Disapproved _____ Priority _____
Comments:

Signature of Director _____ Date _____

Department Chair

Approved _____ Disapproved _____ Priority _____
Comments:

Signature of Department Chair _____ Date _____

Dean

Approved _____ Disapproved _____ Priority _____
Comments:

Signature of Dean _____ Date _____

Provost

Approved _____ Disapproved _____ Priority _____
Comments:

Signature of Provost _____ Date _____