

**Sabbatical Leave Application AY2023-24**  
**DUE TO Dean's Office Last Monday in September**

**DUE TO OAA Last Monday in October**

*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 an 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.

**Repeat 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**

<p>Approved _____ Disapproved _____ Priority _____</p> <p>Comments:</p>  <p>_____ Signature of Director</p> <p>_____ Date</p>
<p>Approved _____ Disapproved _____ Priority _____</p> <p>Comments:</p>  <p>_____ Signature of Department Chair</p> <p>_____ Date</p>
<p>Approved _____ Disapproved _____ Priority _____</p> <p>Comments:</p>  <p>_____ Signature of Dean</p> <p>_____ Date</p>
<p>Approved _____ Disapproved _____ Priority _____</p> <p>Comments:</p>  <p>_____ Signature of Provost</p> <p>_____ Date</p>