Sabbatical or Research Leave Application
Supplemental Information Form

All the leave requests must be submitted via the Department Chair to the Office of the Dean for approval.

- **Applicants:** submit this application and all supporting information to the Department Chair
- **Chairs:** append a letter of recommendation and forward to the Office of the Dean no later than **November 14, 2018**

Name

Dept. Name

### Proposed Leave Dates

- [ ] **Fall 2019** (August 15, 2019 - December 31, 2019)
- [ ] **Spring 2020** (January 1, 2020 - May 15, 2020)
- [ ] **Academic Year 2019-20** (August 15, 2019 - May 15, 2020)
- [ ] **Calendar Year 2020** (January 1, 2020 - December 31, 2020)

### To the Applicant

Provide the following information in addition to the plan of activity and up-dated curriculum vita:

**A:** If requesting Sabbatical Leave: list below any course releases or leaves taken during the past six years:


**B:** List below College and University committees where your term continues through the research leave dates; indicate whether or not you will be able to meet your commitments to those committees while on leave:
C: Similarly, list below thesis or dissertation committees that may be affected by the leave and whether special arrangements will be required to accommodate the students (for example, if you plan to be out of town for a substantial portion of the leave):

D: Comments re: special accommodations (use separate page if needed):

_________________________ Date __________
Signature of Applicant

To the Department Chair

In addition to the letter of recommendation required by the Provost, please provide the following information:

☐ Courses taught by this faculty member will not be offered or will be covered by colleagues at no additional cost

☐ Supplemental funding requested for part-time replacement(s), i.e., request replacement funding only for classes (sections) that you intend to offer that had been taught by this faculty member

Number of courses ____________ $ ____________ per course (salary only, excluding cfbs)

Department Chair ____________________________ Date __________
Signature