



## REQUEST FOR SABBATICAL LEAVE OF ABSENCE

### **PART I** completed by Applicant

Applicant: \_\_\_\_\_ Department: \_\_\_\_\_

- Requests a leave assignment with full pay for the \_\_\_\_\_ 20\_\_ semester
- Requests a leave assignment with half pay for the 20\_\_ - 20\_\_ academic year

By signing below, I agree that if I accept regular employment for pay during the period of leave specified above, such earnings will be deducted from expected University income with said deductions not exceeding expected income.

I also agree to return to the University of Southern Indiana for at least one academic year following the completion of leave. I have reviewed and agree to abide by the special leave conditions as outlined in the Faculty Handbook. I understand that this application will be reviewed by the appropriate committees and priority will be given to applications which involve an activity that will allow a faculty member to update his/her knowledge, in order to accept another position with the University, or to broaden the faculty member's range of teaching areas.

I also agree to submit upon completion of the leave of absence a report that includes pertinent activities and accomplishments during my leave.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### **PART II** completed by Applicant

1. Include a brief statement below on the purpose of leave:

2. Attach a detailed outline of proposed professional project or activities.

**PART III**

**APPLICANT:** \_\_\_\_\_

I recommend \_\_\_ do not recommend \_\_\_

Department Chair comments are to include strategies for filling classroom assignments for a member on sabbatical leave.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair signature

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I recommend \_\_\_ do not recommend \_\_\_

Dean comments:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean signature

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I recommend \_\_\_ do not recommend \_\_\_

Provost comments:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost signature

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I recommend \_\_\_ do not recommend \_\_\_

President comments:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
President signature