

Request for Sabbatical Leave

Name _____ Department/Program _____

Part I: Please fill out this page and forward it electronically to your department chair (if you are a chair requesting your own sabbatical leave, forward the form to the Dean of Academic Departments).

- ___ senior faculty, full year at half pay
- ___ senior faculty, half year at full pay
- ___ senior faculty, one-term at full pay (mini-sabbatical)
- ___ junior faculty, full year at half pay (junior sabbatical)
- ___ junior faculty, half year at full pay (junior sabbatical)

Term(s) and year(s) when leave will be taken _____

Please provide a full and clear explanation of the plan of study during leave:

Please describe the arrangements made or pending for the carrying out of your study (locations where work will be done, financial support, etc.):

Part II. Department Chair/Dean Review and Approval. Please comment on the proposed leave and indicate your approval. For junior sabbaticals, please consider how the requested leave is related to the candidate's future tenure review. Then forward the completed request to Judy Ludwig at ludwigja@union.edu. Note Judy's non-standard email address.

Name of Chair/Dean _____

Faculty Review Board
Revised October 2010