**Union College**
**Course Coverage Plan (CCP)**

This form is for requests or plans to buy-out of teaching time or take leave time (regardless of whether the leave is scheduled) that are related to a grant or fellowship proposal. This form is for Union College records and will be retained by the Grants Office.

**Section 1: General Information** (to be completed by Faculty Applicant) - Required

**Faculty Applicant:**

**First Name:** **Last Name:**

**Department:** **Email:**

**Sponsor:** **Program:**

**Proposed Project Start Date:** **Proposed Project End Date:**

**Section 2: Description of Leave** (to be completed by Faculty Applicant) - Required

Provide a description of how the requested course buy-out(s) and/or leave relates to a scheduled sabbatical or will impact your academic year teaching commitments. If known, please indicate which term(s) and course(s) will be affected. It is recommended that this section is completed in consultation with your department chair.

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Faculty Applicant Printed Name Signature Date

**Section 3: Coverage Plan** (to be completed by Department Chair) - Required

Provide a description of the department's plans for course coverage during the leave or release time described above. It is recommended that this section is completed in consultation with the Dean of Academic Departments and Programs.

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Dept. Chair Printed Name Signature Date

**Section 4: Dean of Departments and Programs (DADP)** (to be completed by DADP) - Optional

As needed, please provide a response to the proposed *Description of Leave* and *Coverage Plan*.

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DADP Printed Name Signature Date

Please email the completed form to grantsoffice@union.edu