

Application for Sabbatic or Administrative Leave

Name: _____

Rank: _____

Tenured:

Not Tenured:

In the Program Area of _____

Date of last leave with pay: Semester: _____ Year: _____

Report has has not been received.

Check appropriate space: Sabbatic leave with pay
 Leave without pay
 Administrative leave
 Other (specify) _____

Leave required for: One Semester
 Two Semesters

Fall Year: _____
 Spring Year: _____

PLEASE OUTLINE THE PROPOSED LEAVE ON A SEPARATE SHEET. INCLUDE SPECIFIC ACTIVITIES AND GOALS OF THE LEAVE. Electronic file (pdf file-combined)

Note: A current **VITA** must accompany the sabbatic leave proposal (pdf file-combined). This form can be scanned and sent electronically to provost@unco.edu after all signatures have been obtained.

In acceptance of a SABBATIC OR ADMINISTRATIVE LEAVE, I hereby agree to the following conditions:

1. If a change in plans is made after this request, I shall submit the new plan in writing to the Office of the Vice President for Academic Affairs.
2. I agree to fulfill my contract obligations to the University for a period of one full academic year after the end of the sabbatic or administrative leave or reimburse the University pro-rata for salary I received while on leave.
3. I agree to provide the Vice President for Academic Affairs a written report of the activities undertaken while on leave with pay within one year after my leave ends.

Signature of Applicant

Date

Summarize the leave plan and purpose in 50 words or less.

MUST BE INCLUDED WITH REQUEST:

Department/School Votes:

Number of tenure and tenure-track faculty eligible to vote, excluding director: _____

Number of faculty who recommended approval of leave: _____

Number of faculty who did not recommend approval: _____

Number of faculty who abstained: _____

Department/ Approve Disapprove
School:

Director/Chair

Date

College: Approve Disapprove

Dean

Date

Action of Board of Trustees:
