

University of Massachusetts

Application for Sabbatical Leave or Leave of Absence

Date _____

(It is recommended that the applicant consult (1) University of Massachusetts Sabbatical Leave Policy, dated November 24, 1986, and (2) statement on University Sabbatical Leave Procedure before completing this application.)

Name _____ Department _____

Rank _____ Highest Degree _____

Date of initial full-time appointment: _____ Do you have tenure? _____

Type of Leave Requested: _____ From _____ To _____

Academic Year Sabbatical (Persons on 9-month Contracts)

One semester (full pay) _____

Two consecutive semesters (half pay) _____

Two non-consecutive semesters (half pay) _____

and _____

Calendar Year Sabbatical (Persons on 11-month Contracts)

5 1/2 months (24 weeks, full pay) _____

11 months (48 weeks, half pay) _____

Two non-consecutive 5 1/2 month periods
(24 weeks each, half pay) _____

and _____

Leave of Absence without Pay _____

Trustee Policy states: "When a non-tenured faculty member is granted a leave without pay, the time spent on leave will not be included in the probationary period, except in unusual circumstances agreed to in writing at the time the leave is approved...."

Please complete one of the following:

1. My tenure decision year is changing from _____ to _____
or

2. Attached is a request that my tenure decision remain _____ and not be altered by this leave without pay

Is acceptance of leave contingent on the receipt of a grant?

If yes, have you received your grant?

What is the source of your grant?

If it is pending, when do you expect to receive a decision?

List any previous periods of leave, giving dates and nature of leave (sabbatical, leave without pay, etc.):

Number of years since last sabbatical at University of Massachusetts:

Brief statement of purpose of leave:

Where are you going for your leave?

(If you have received an invitation to conduct research, etc. at another institution, please include a copy of letter of invitation.)

What progress have you made on your (leave) project?

- a. When do you expect to complete your project?
- b. When do you expect to have the results of your project ready for publication?
- c. Give your estimate of the value of this leave to yourself and to the University.

In addition, please submit the following:

1. Brief narrative description of the work you hope to accomplish during your leave.
2. Bibliography of scholarly work previously published. (Give full citations -full titles of book or articles, publisher or journal name, volume number, date, inclusive pagination, etc.)

Signature of Applicant

Provide four copies of this application and all attachments - one set for applicant, one set for Head of Department, one set for Dean, and one set for Provost.

Agreement

In consideration of permission granted to me by the Trustees of the University of Massachusetts to take sabbatical leave for the period _____,

I agree to return to the University of Massachusetts, Amherst, immediately upon conclusion of my sabbatical leave to perform my duties as a faculty member for at least the next ensuing year. If I have been granted two non-consecutive semesters at half pay I understand that I incur the obligation to return for one year as soon as I have taken the first of these semesters, and that the obligatory year's return immediately follows the second of the two semesters of leave. If I fail to comply with this obligation to provide at least one year of service immediately following expiration of my sabbatical leave, I agree to repay, forthwith, the salary which I received from the University during said leave.

Signed by me this ____ day of _____, 20____.

Signature of Applicant

Witness