

The University of Vermont Application for Sabbatical Leave

	<p><i>A faculty member who wishes to apply for a sabbatical leave should consult the current University policy on leave in the Officers' Handbook for non-represented faculty and Article 22 of the Agreement for Represented faculty.</i></p>
APPLICANT INFORMATION	NAME OF APPLICANT _____ ACADEMIC RANK _____ DEPARTMENT _____ COLLEGE/SCHOOL _____ DATE OF INITIAL APPOINTMENT AT UVM _____ TERM OF APPOINTMENT Academic Year _____ Twelve-Month _____
LEAVE INFORMATION	TYPE OF SABBATICAL ___ Full Sabbatical (after six years, full year at 77.3% of salary or half year at full salary) ___ Half Sabbatical (after three years, half year at 77.3% of salary) DATES OF PROPOSED SABBATICAL LEAVE Academic-Year Faculty: Fall _____ Spring _____ Academic Year _____ Twelve-Month Faculty: From _____ To _____ PREVIOUS LEAVES (state dates and types)
SABBATICAL PLAN	STATEMENT OF PLAN FOR SABBATICAL LEAVE Attach to this page an outline of your plan for the sabbatical leave. Please include statements which address the following: <ol style="list-style-type: none"> (a) A general overview which places your plan in perspective with the development of the field; (b) Specific description of work which you plan to undertake (describe work that has been completed on project to date); (c) Anticipated time of completion of project; (d) Efforts to secure outside funding (state sources) if outside funding is relevant to this application. If leave is dependent upon award of outside funding, so indicate. (e) If leave is dependent upon utilization of facilities of another institution, so indicate and attach copy of letter of invitation or authorization. (f) Estimate of the value of the leave to your own goals and those of your department and the University.
ATTACHMENTS	ATTACHMENTS TO APPLICATION PAGE The following should be attached to this application page before submission to the department chair and dean. <ul style="list-style-type: none"> • Statement of plan for sabbatical leave • Copy of current curriculum vitae or professional resume • Copy of most recent sabbatical leave application and subsequent report if sabbatical leave taken since 1975-76 • Copy of invitation or authorization as requested in (e) above
SIGNATURE	_____ Signature of Applicant Date of Application

RECOMMENDATIONS:	
DEPARTMENT CHAIR	<p>DEPARTMENT CHAIR Recommends _____ Does Not Recommend _____</p> <p>Evaluation of Proposal (attach additional sheet if necessary):</p> <p>Will a replacement be necessary? _____ If yes, state how the replacement will be funded within resources available to the college/school.</p> <hr/> <p>Signature of Department Chair _____ Date _____</p>
DEAN	<p>DEAN Recommends _____ Does Not Recommend _____</p> <p>COLLEGE/SCHOOL STANDARDS COMMITTEE Recommends _____ Does Not Recommend _____</p> <p>Comments on Proposed Plan (attach additional sheet if necessary):</p> <p>If chair indicated that a replacement is necessary, does dean support statement regarding funding?</p> <hr/> <p>Signature of Dean _____ Date _____</p>
PROFESSIONAL AFFAIRS COMMITTEE	<p>PROFESSIONAL AFFAIRS COMMITTEE Recommends _____ Does Not Recommend _____</p> <p>Comments (attach additional sheet if necessary):</p> <hr/> <p>Signature of Committee Chair _____ Date _____</p>
PROVOST	<p>PROVOST Recommends _____ Does Not Recommend _____</p> <hr/> <p>Signature of Provost or Vice Provost _____ Date _____</p>