**University of Vermont**

**APPLICATION FOR SABBATICAL LEAVE**

*Faculty members who wish to apply for a sabbatical leave should consult the governing document relevant to the faculty member’s appointment (i.e., Part 4, Section B of the Larner College of Medicine handbook, or Article 22 of the Collective Bargaining Agreement for represented faculty). Please review sabbatical guidelines* (<https://www.uvm.edu/provost/sabbaticals-and-professional-development-leaves>) *and any specific criteria developed by your department, school, or college.*

APPLICANT NAME:       ACADEMIC RANK:       EMPL ID:

UNIT:       DEPARTMENT:

DATE OF INITIAL APPOINTMENT AT UVM (MM/DD/YYYY):

TERM OF APPOINTMENT: Academic Year      Ten-Month      Twelve-Month

CURRENTLY TENURED: Yes      No      If ***no***, indicate expiration of current appointment (MM/DD/YYYY):

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| **Part A: Sabbatical Leave Information** |

1. Indicate the type of sabbatical leave you are applying for:

     Full Sabbatical (after six years, full appointment year at 77.3% of salary)

     Full Sabbatical (after six years, half year \* at 100% salary)

     Half Sabbatical (after three years, half year\* at 77.3% of salary)

*\*A “half-year” for nine-month appointee is one semester, for ten-month appointees is 5 months and for twelve-month appointees is 6 months.*

1. Indicate the time period for which you are applying for sabbatical leave:

Nine-Month Appointees: Fall       Spring       Academic Year

Ten-Month or Twelve-Month Appointees (note dates): From       To

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| **Salary/Funding Information** |

1. Are you a principal investigator, co-investigator, or key personnel on a grant or contract to the University (“sponsored project”) that you anticipate you will commit effort during your sabbatical leave?

Yes      No

**If *yes***, please list the project(s) and briefly describe your plans (150-words max).

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**If *yes***, please discuss your plans with the Dean’s Office Business Manager and note the following:

- *Faculty must review their ERS effort certification with the Business Manager and provide plans for how they will meet effort on projects that are not part of the sabbatical. Additionally, faculty must work with SPA to obtain the necessary waivers.*

*- Faculty with sponsored projects MUST discuss plans with Sponsored Project Administration to determine if any sponsor prior approvals are required. Approval may be required for reduction in effort, time away from the project, plans for managing project activity while away from campus, and salary supplementation.*

*- In the event your sabbatical leave is later deferred, you MUST notify Sponsored Project Administration so that any needed sponsor prior approvals are updated as required.*

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**Business Officer’s Name and Signature Date**

1. Have you applied for, or are you intending to apply for, other award funding (scholarship, fellowship, etc.) for your sabbatical?

Yes      No

If yes, please identify your role and source(s):

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Will the funds:

* 1. Supplement your 77.3% sabbatical salary: Yes      No      N/A
  2. Replace part of your sabbatical salary: Yes      No      N/A

1. Do you expect to hold any other compensated employment, by UVM or outside of UVM, during your sabbatical leave? *(Note: Provost’s Office written approval is required in advance for any compensated duties. (If you have applied for funding which will require a teaching commitment, please report here as well.)*

Yes      No      If ***yes***, please explain:

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| **Previous Leaves** |

1. Please list your previous leaves (state dates and types, including sabbaticals):

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1. Please indicate if you will be providing an update of accomplishments of your most recent prior sabbatical leave not reported in the last sabbatical report:

Yes      No      If yes, please include as attachment to this application.

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| **Part B: Statement of Plan for Sabbatical Leave**  A sabbatical proposal of high quality shall meet the criteria defined in CBA Article 22.1, including any criteria developed by your department, school or college. For LCOM, see Part four, Article B.3 of the LCOM Faculty Handbook. |

Please respond to all questions below. Attach additional page if needed.

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| 1. **Overview** |

1. Have you discussed the plans for this sabbatical leave with your supervisor (Chair, Associate Dean, or Dean)?

Yes      No      (Optional) Provide brief description (150 word-max).

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1. Provide a general overview which places your plan in perspective with the development of the field (300-word max.).

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| 1. **Description of Work** |

Specific description of work, which you plan to undertake, including purpose and activities. Describe work that has been completed on project to date (1000-word max.).

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| 1. **Time to completion** |

For anticipated outcomes (publications, etc.), indicate projected time to completion (300-word max.).

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| 1. **Outside funding** |

Efforts to secure outside funding (identify sources) to be used during the sabbatical leave. If leave is dependent upon award of outside funding, please so indicate including course of action to be taken should funding not be secured (500-word max.).  
If no funding is being sought, write “N/A” in the space below. *(Note: If funding source requires teaching or other compensated duty, please describe in response to question 5 in Part A above.)*

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| 1. **Outside facilities** |

If leave is dependent upon utilization of facilities of another institution, so indicate and attach copy of letter of invitation or authorization. If no facilities at another institution are required, write “N/A” in the space below (100-word max.).

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| 1. **Value of leave** |

Estimate of the value of the leave to your own goals and those of your department and the University. Address any specific criteria developed by your department, school, or college (500-word max.).

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ATTACHMENTS TO APPLICATION

The following should be attached to this application before submission to the department chair and dean.

* Copy of current curriculum vitae or professional resume
* Copy of most recent prior sabbatical leave application and subsequent sabbatical report
* Update to last sabbatical report (if applicable – see question 7 of Part A) (750 word-max)
* Copy of invitation(s) or authorization(s) as requested in question 5 of Part B

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**If my application is approved, I agree to the following conditions for leave under the Sabbatical Leave Program:**

1. To not accept any type of compensated UVM or non-UVM employment during the period of my sabbatical leave without prior written approval by the Provost’s Office;
2. To not accept payment from a sponsored agreement in lieu of salary (as distinct from monies designated strictly for expenses) or other supplemental salary during the period of my leave without prior written approval by the Provost’s Office;
3. To identify any other sources of support funding received (e.g., scholarship, non-teaching fellowship) for the period of my sabbatical (if received after the original proposal is submitted, please send the updated information to Dean/Provost);
4. To submit a written report of the activities undertaken and accomplished during the period of leave to my department chair or program director and dean, within sixty (60) days of completion of the leave;
5. In the event that my appointment at The University of Vermont is terminated by notice of non-reappointment, to relinquish my approved sabbatical leave if the approved leave falls within my terminal year;
6. To return to The University of Vermont for one full academic year following the sabbatical leave;
7. Should I fail to return to The University of Vermont for one full academic year following the sabbatical leave, to repay all salary and benefits received from the University during the period of my sabbatical leave.

Signature of Applicant Date of Application

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|  | RECOMMENDATIONS for (Name of Applicant) | | |
| DEPARTMENT CHAIR | DEPARTMENT CHAIR (print) | Recommends  Does Not Recommend | |
| Will a replacement be necessary?       Yes   No   If yes, state how the replacement will be funded within resources available to the college/school.  Evaluation of Proposal. Please describe conversations with the applicant regarding development of this proposal including, as applicable, discussion on the outcomes of previous sabbatical activities (attach additional sheet if necessary): | | |
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| Signature of Department Chair | | Date |
| DEAN | DEAN | Recommends  Does Not Recommend | |
| COLLEGE/SCHOOL STANDARDS COMMITTEE | Recommends  Does Not Recommend | |
| If chair indicated that a replacement is necessary, does dean support statement regarding funding? Yes   No   Please provide an estimate of the expenses associated with this proposal. If applicable, include revenue not realized. (A sabbatical application will not be rejected for budgetary or other financial reason). | | |
| Comments on Proposed Plan (attach additional sheet if necessary): | | |
| Signature of Dean | | Date |
| PROFESSIONAL STANDARDS COMMITTEE | PROFESSIONAL STANDARDS COMMITTEE | Recommends  Does Not Recommend | |
| Comments (attach additional sheet if necessary): | | |
| Signature of Committee Chair | | Date |
| PROVOST | PROVOST | Recommends  Does Not Recommend | |
| Signature of Provost or Designee | | Date |