

Application for Sabbatical Leave

Instructions for Applicant:

1. Complete first page of this application.
2. In no more than TWO pages, describe the proposed sabbatical project. Give all pertinent information, goals, procedures, and the post-sabbatical benefits to be achieved (e.g. publications, teaching methods, etc.). Other supporting material may also be submitted.
3. **Print and sign this form and submit to your unit administrator along with a full CV and your two-page proposal description.**

Applicant Information

NAME OF INDIVIDUAL	TITLE/RANK	DATE
COLLEGE	UNIT	
CLASSIFICATION (Please check one): FACULTY (tenured or probationary under review for tenure only) ACADEMIC PROFESSIONAL (continuing appointment status only)		ASU ID No.

Term of Sabbatical

For applicants with Academic Year (AY) appointments including those who receive their nine-month salary over twelve months, select term of proposed sabbatical from drop-down menu below and enter year. Term: Academic Semester or Year:	For applicants with Fiscal Year (FY) appointments , select term of proposed sabbatical from drop-down menu below and enter year. Term: Fiscal Year:
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Additional Resources. List compensation sources and amounts.

Granted	Applied for

Employment. List all positions held at ASU starting with current position working backward. Each year of employment should be accounted for.

Position Title/Rank	Dates	Full- or Part-time? List % time if less than 100%	Type of Appointment Academic Year [AY] or Fiscal Year [FY]

Previous Leaves. List all previous leaves taken at ASU starting with most recent leave working backward.

Type of Leave (sabbatical, leave without pay, etc.)	Dates

If granted a sabbatical leave, I agree to abide by the terms of the sabbatical leave policy as set forth in the current Academic Affairs Policies and Procedures Manual [ACD 705](#). I also agree to resign from all campus obligations, including committees at the unit, college, and university levels, during the term of the sabbatical. I will submit a final report to the dean of the college during the first semester after returning from sabbatical leave.

Signature of applicant

Date

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Instructions for Unit Chair/Director

1. Indicate unit recommendation by checking the appropriate action and signing where indicated below.
2. Attach a letter of evaluation and recommendation.
3. Submit Application for Sabbatical Leave, applicant CV, applicant two-page project description, and your evaluative recommendation letter to the dean's office by the application deadline established by the college.

- ☐ Recommend approval of sabbatical leave
- ☐ Do not recommend approval of sabbatical leave

By signing below, I acknowledge the impact this proposal will have on the unit and that the unit is responsible for maintaining its program of teaching and advisement when approved sabbaticals occur.

Signature of Chair/Director: _____ Date: _____

**** Unit Committee recommendation and external/internal letters of evaluation should be sought if mandated by unit bylaws or at the discretion of the unit chair/director.**

To Be Completed By College

- ☐ Sabbatical leave approved
- ☐ Sabbatical leave denied

Signature of Dean: _____ Date: _____