INDIANA UNIVERSITY
SOUTH BEND

APPLICATION FOR SABBATICAL LEAVE

APPLICANT'S NAME DATE

PERIOD OF PROPOSED SABBATICAL LEAVE

FALL ☐ SPRING ☐ FULL AY ☐ YEAR

NO ADDITIONAL FUNDING APPLIED FOR ☐ LEAVE CONTINGENT ON FUNDING ☐

DATE OF INITIAL APPOINTMENT AS A FULL-TIME FACULTY MEMBER AT IU SOUTH BEND

PERIOD/S OF PREVIOUS SABBATICAL LEAVE

PERIOD/S OF LEAVES OTHER THAN SABBATICALS

APPROVALS / SIGNATURES

Department/School Committee Chair recommendation Approve ☐ Disapprove ☐

Signature of Chair _____ Date _____

Dean's recommendation Approve ☐ Disapprove ☐

Signature of Dean _____ Date _____

Academic Personnel Committee recommendation Approve ☐ Disapprove ☐

Signature of Committee Chair _____ Date _____

Executive Vice Chancellor for Academic Affairs recommendation Approve ☐ Disapprove ☐

Signature of EVCAA _____ Date _____

Chancellor's recommendation Approve ☐ Disapprove ☐

Signature of Chancellor _____ Date _____

FINAL APPROVAL OF SABBATICAL LEAVES RESIDES WITH THE INDIANA UNIVERSITY BOARD OF TRUSTEES

APPLICATION FOR SABBATICAL LEAVE, continued

IU Policy BOT-17

The sabbatical leave program requires that persons on sabbatical leave devote full time to the sabbatical activity for which this leave is granted and will receive no salary or stipend from other sources than the University.

To be eligible for sabbatical leave, a faculty member must agree to reimburse Indiana University for any salary, retirement contributions, and insurance premiums paid during the sabbatical leave in the event that the faculty member does not return to the University for at least one academic year immediately following the leave.

I agree to the terms stipulated above for my sabbatical leave, if such leave is approved.

Applicant Signature _____ Date _____