

**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 _____	_____

# APPLICATION FOR SABBATICAL LEAVE, continued

IU Policy ACA-47

The sabbatical leave program requires that persons on sabbatical leave devote full time to the scholarly activity for which 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 \_\_\_\_\_