

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 sabbatical activity for 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 _____