

Utah Valley University

Faculty Application for Sabbatical Leave

Applicant should review Faculty Sabbatical Leave Policy (<http://www.uvu.edu/policies/officialpolicy/policies/show/policyid/194>) before completing this form. Applicants should pay particular attention to application deadlines listed in the policy.

Name of Applicant: _____

Department: _____ Rank: _____

Date of Full-Time Appointment to UVU Faculty: _____

Date(s) of Previous Sabbatical Leave: _____

Dates of Requested Leave: _____

Attachments:

1. Describe briefly the proposed activities (purpose, location, expected accomplishments, etc.) while on leave and tell how they will contribute to your professional development, your students, and the advancement of the mission of UVU.
2. Submit a resume of your professional activities and achievements relevant to the purpose of this leave.
3. If the purpose of the leave is to pursue an advanced degree, submit a copy of your notification of acceptance to a graduate program (if applicable); indicate the degree sought and major discipline if not otherwise evident.

This request is consistent with all applicable sabbatical rules and policies of UVU pertaining to eligibility, documentation, and financial arrangement. In consideration for approval of this sabbatical, applicant agrees to remain in the services of the University following return for a period of time equal to the length of the leave. Should applicant fail to return to the University or remain for the required period of time, applicant agrees to reimburse the University for all sabbatical leave salary received as well as any attorney fees or fees for collection efforts.

Signature of Applicant: _____ Date: _____

APPROVALS:

Signature of Department Chair: _____ Date: _____

Signature of Dean: _____ Date: _____

Attachment(s):

The Dean and Department Chair should attach statements indicating their recommendation, expected benefits of requested leave to the department and institution, as well as replacement arrangements and anticipated cost of replacement (if applicable).

Vice-President, Academic Affairs:

_____ Approved _____ Disapproved _____ Date: _____
(Signature)