

INDIANA UNIVERSITY
BLOOMINGTON CAMPUS
APPLICATION FOR SABBATICAL LEAVE

Name: _____ School: _____

Academic Title: _____ Dept: _____

Effective date of initial appointment as a full-time member of the faculty of Indiana University:

Periods of previous sabbatical leave: _____

Periods of leave of absence other than sabbatical leaves:	With Pay _____ _____	Without Pay _____ _____
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Period(s) of Leave: For the academic year, 20__ __ to 20__ __, check below the option for which you choose to apply:

- | | |
|---|--|
| <input type="checkbox"/> First semester, full pay | <input type="checkbox"/> Second semester, full pay |
| <input type="checkbox"/> 10-month academic year, half pay | <input type="checkbox"/> Divided leave*: Begin _____ End _____;
Begin _____ End _____ |

*For divided leave, please specify all periods (with dates) in 20__ __, and in the subsequent academic year 20__ __; these should add up to either five months at full salary or ten months at half salary. (See special comments under "Terms of Leave" in Document F-II, Sabbatical Leaves of Absence Program at https://www.indiana.edu/~vpfaa/academicguide/index.php/Policy_F-2)

Action by Department Chairperson: Please attach a statement (a) evaluating the proposed project and (b) explaining scheduling adjustments that can be made within the department. The evaluation may be based on advice from a departmental committee, from colleagues, or from external evaluators. Whether or not the chairperson approves the application, it must be forwarded to the dean of the school and the Vice Provost for Faculty and Academic Affairs. [Note: Department chairs who are applying for sabbatical should solicit an independent letter of evaluation from a valued departmental colleague such as an associate chair, director of graduate studies, or other senior member of the faculty.]

I (do) (do not) recommend the approval of this sabbatical leave project. (Attach explanatory memo.)

_____	_____
(Chairperson)	(Date)

Signature of Dean:

- Scheduling adjustments can be made within the department (or school) without need for additional resources.

_____	_____
(Dean)	(Date)

ELIGIBILITY CERTIFICATION:

_____	_____
(Vice Provost, Faculty & Academic Affairs)	(Date)

SABBATICAL LEAVE

1. Title of proposed sabbatical-leave project.
2. Description of project. Describe your project below. Make clear the purpose of the project and explain its rationale. Provide enough detail on procedures, time schedule, and resources so that the plan can be judged for thoroughness of planning and for feasibility. Explain how you intend to allocate your time to the different tasks you plan to undertake.

PLEASE NOTE: If you have submitted a grant application for the same research project you wish to pursue while on sabbatical leave, you may attach a copy, and on this and the following page, provide a concise summary of the plans for the proposed leave and its relation to the grant project.

(If necessary, attach extra sheets)

3. Location of Project. State the principal location of your project. Indicate plans for travel and arrangements for use of libraries, laboratories, or work with colleagues at other institutions. If you plan to work at other libraries, archives, institutions, laboratories, or the like, please indicate whether you have yet secured permission to do so.

4. Applicant's Qualifications. Summarize your academic background and accomplishments related to this project and which bear upon its probable success. Attach a current curriculum vitae and other relevant data.

5. Sources and amounts of funds. List sources and amounts of funds in the form of grant, fellowship, allowance for expenses, or payment for services (include approved teaching) during the period of the sabbatical leave. (Please note that the Academic Handbook requires that such funds must be paid for services which are consistent with the sabbatical leave program. Therefore, most regular teaching, consulting, or similar activities may not be used to supplement a sabbatical stipend.) *Please indicate to what degree your sabbatical plan will be dependent on the availability of these funds, and how the sabbatical plan will be modified if the funds are unavailable.*

6. Dissemination of Information. Explain how you will disseminate the results of your research or creative activity or apply the knowledge gained during your sabbatical leave.

7. Signature of Applicant.

I have read the rules governing the sabbatical leave of absence program in the Academic Guide. I agree not to accept any employment during the period of leave that has not been explained in this application. *In the event I do not return for at least one year immediately following the sabbatical leave, I agree to reimburse Indiana University for any salary, retirement contributions, and insurance premiums paid during the sabbatical leave.*

(Signature of Applicant)

(Date)

**We request that you submit an additional, electronic copy of this application, in the form of an email attachment (in word or pdf format) to vpfaa@indiana.edu, in order that your application may be incorporated into our electronic database.*