



INDIANA UNIVERSITY BLOOMINGTON

Indiana University Bloomington Campus

Application for Sabbatical Leave

Have you checked with Office of Academic Personnel Policies and Services (APPS) regarding eligibility for sabbatical leave?

Yes

No

Please upload a copy of the eligibility report here.

Drop files or click here to upload

If you had sabbatical leave before, did you submit your sabbatical completion report?

Yes

No

If you have questions about your eligibility and/or sabbatical completion report, please contact the Office of Academic Personnel Policies and Services at apps@iu.edu or **812-855-2026** before completing this sabbatical application form.

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Note: if the answer to either of the two eligibility questions above is “no,” you will not be able to proceed to the rest of the application.

Applicant information

Name:

Academic Title:

School/College:

Home

Department(s):

*(If no department,
please enter "None")*

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Periods of previous sabbatical leave, if applicable:

Periods of previous leave of absence other than sabbatical leaves **with pay**:

Periods of previous leave of absence other than sabbatical leaves **without pay**:

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Select the applicable leave period for your sabbatical:

First semester, full pay

Second semester, full pay

10-month academic year, half pay

Divided leave (please enter the begin and end dates in the next question)

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For divided leave, please specify all periods (with dates) in the fall semester, and in the spring semester of the subsequent academic year; 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 [BL-ACA-F2, Sabbatical Leaves of Absence.](#))

Enter the begin and end dates of leave in the fall semester:

Begin date:

End date:

Enter the begin and end dates of leave in the spring semester:

Begin date:

End date:

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Contact information of your department chair/unit head:

Note: Department chairs who are applying for sabbatical should enter the contact of a valued departmental colleague such as an associate chair, director of graduate studies, or other senior member of the faculty. This person will provide an independent letter of evaluation.

*If you have **more than one tenure home**, please enter here the contact information for your **primary** department. OVPFAA will work with your other department on your application.*

*If you **don't have a home department**, please enter **vpfaa@iu.edu** as the email below for routing purpose. OVPFAA will then route your application to your dean's office.*

IU email of
department/unit
head:

Name of
department/unit
head:

Note: currently both @iu.edu and @indiana.edu emails are considered valid. Starting Jan 1, 2025, only emails with @iu.edu will be accepted.

Contact information of your Dean's office:

Note: For most schools, the contact will be the Executive Associate Dean. If you are unsure, please reach out to the Dean's office or OVPFAA (vpfaa@iu.edu) to confirm the correct contact person.

IU email of dean's office contact:

Name of dean's office contact:

Note: currently both @iu.edu and @indiana.edu emails are considered valid. Starting Jan 1, 2025, only emails with @iu.edu will be accepted.

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Please verify the **emails** below. The correct email addresses are important because they are used to route your application to the appropriate reviewer. Use the "BACK" button to edit the emails on previous pages if needed.

Department chair or unit head contact: **test@iu.edu**

Dean's office contact: **test@iu.edu**

Note: the emails you entered in the previous question will be displayed here.

Reminder:

If you have more than one tenure home, please enter here the contact information for your primary department here. OVPFAA will work with your other department on your application. If you don't have a home department, please enter vpfaa@iu.edu as the email below for routing purpose. OVPFAA will then route your application to your dean's office.

For most schools, the contact will be the Executive Associate Dean. If you are unsure, please reach out to the Dean's office or OVPFAA (vpfaa@iu.edu) to confirm the correct contact person before submitting your application.

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Note: For the questions below, it is recommended that you draft the responses in a separate document (e.g., Word) and copy and paste them into the online application form in one sitting.

Title of proposed sabbatical-leave project.



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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 below the textbox. In the description here, please provide a concise summary of the plans for the proposed leave and its relation to the grant project.

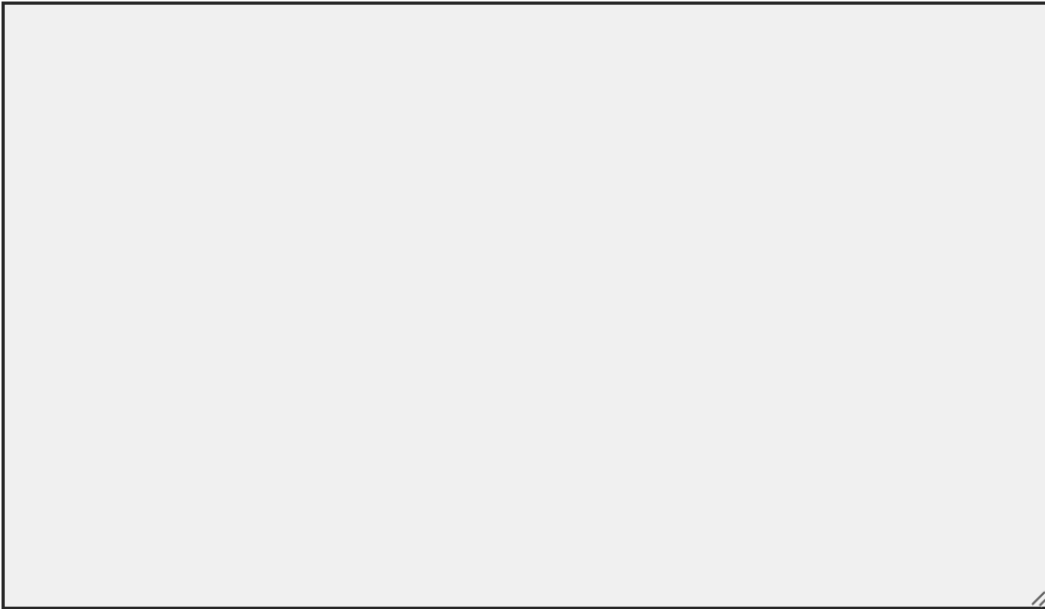
Upload a copy of the grant application for the same research project you wish to pursue while on sabbatical leave here:

Drop files or click here to upload

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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.

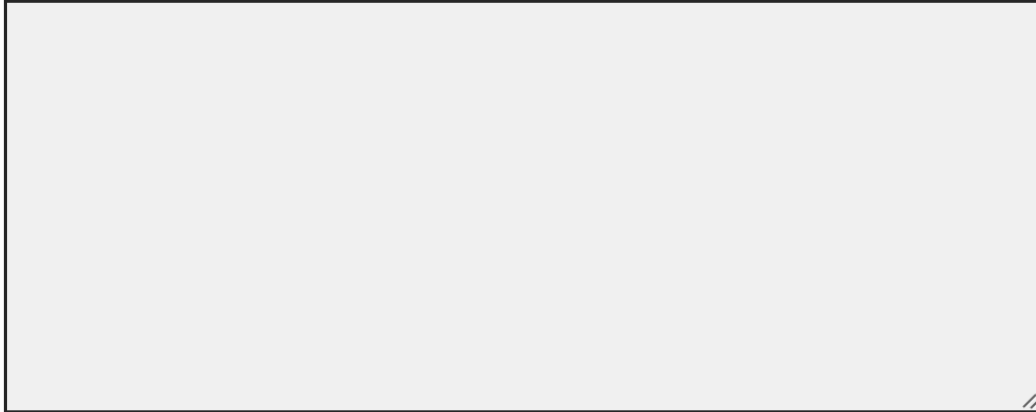


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Applicant's Qualifications.

Summarize your academic background and accomplishments related to this project and which bear upon its probable success in the space below.



Upload a current curriculum vitae and other relevant data here:



Drop files or click here to upload

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Sources and amounts of funds.

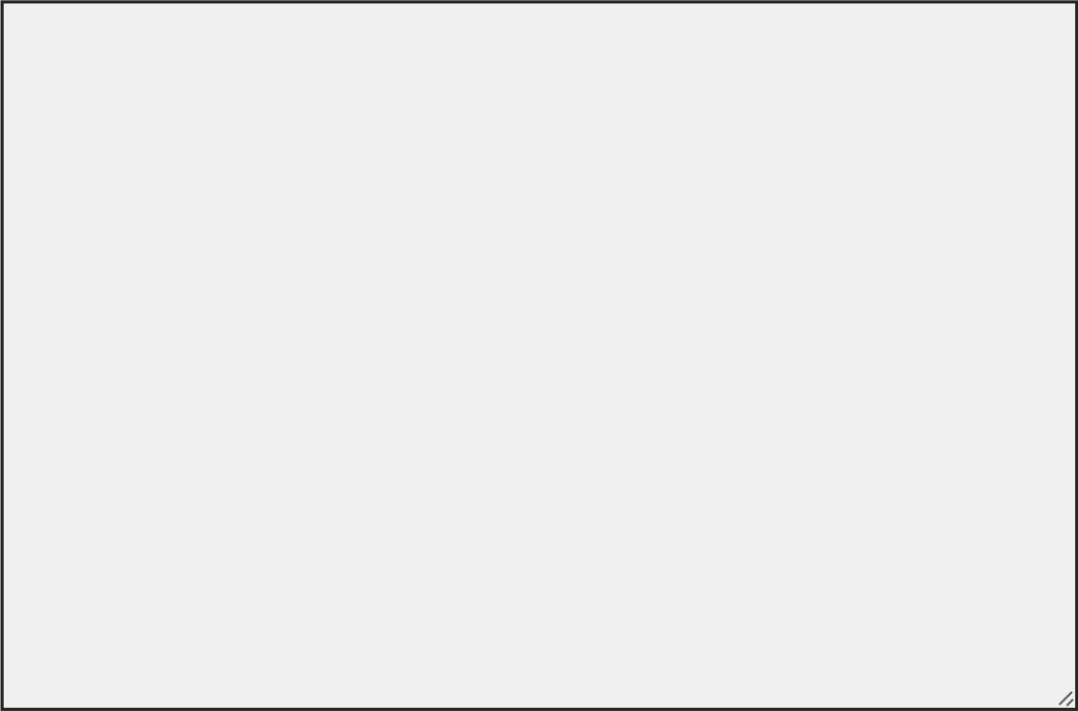
List sources and amounts of funds in the form of grant, fellowship, allowance for expenses, or payment for services (include approved teaching) during the period of the sabbatical leave. (Please note that [campus policy](#) requires that such funds must be paid for services which are consistent with 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.



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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.



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Signature of Applicant

By typing my name below, I acknowledge that “I have read the rules governing the sabbatical leave of absence program on the [VPFAA website](#). 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.*”

Please enter your
name:

August 8, 2024

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[SUBMIT APPLICATION](#)