

## State University of New York at Fredonia

### **Sabbatical Leave Request**

Before completing this application, faculty should read carefully all materials pertaining to leaves in the current version of the *Policies of the Board of Trustees of the State University of New York and the Fredonia sabbatical policy posted at*<a href="http://www.fredonia.edu/humanresources/profregs.asp#sabbatical">http://www.fredonia.edu/humanresources/profregs.asp#sabbatical</a>. Deadlines for submission are provided in the Academic Affairs Calendar each year.

Requests from those eligible are subject to review by the Departmental Personnel Committee and recommendations from the Department Chair, the Dean, the Provost/VPAA, and final approval from the President. This document may be completed electronically (with typed signatures), saved as a Word document, and forwarded to the next level for approval.

| Full Name:  |                 |   |     |  |  |  |  |
|---|-----------------|---|-----|--|--|--|--|
| Department:   |                 |   |     |  |  |  |  |
| Current Rank:   |                 |   |     |  |  |  |  |
|   |                 |   |     |  |  |  |  |
|   |                 |   |     |  |  |  |  |
| BASIS OF ELIGIBILITY  |                 |   |     |  |  |  |  |
| Start Date of Academic Appointment (full-time, tenure-track) within SUNY: |                 |   |     |  |  |  |  |
| Start Date of Continuing Appointment:                                     |                 |   |     |  |  |  |  |
| Date of Last Sabbatical, if any:  |                 |   |     |  |  |  |  |
| TYPE OF SABBATICAL  | LEAVE REQUESTED | ) |     |  |  |  |  |
| ☐ Fall Semester (full pa  | ay)             |   |     |  |  |  |  |
| □ Spring Semester (full pay)  |                 |   |     |  |  |  |  |
| ☐ Academic Year (half   | pay)            |   |     |  |  |  |  |
|   |                 |   |     |  |  |  |  |
| TERMS AND CONDITIONS  |                 |   |     |  |  |  |  |
| Proposed Dates of Abser   | nce: From:      |   | To: |  |  |  |  |

#### **PURPOSE**

|   | induction of purposes (e) for finite in a dashadical loads to being requestion. |  |  |
|---|---|--|--|
|   | Travel  |  |  |
|   | Study   |  |  |
|   | Formal Education  |  |  |
|   | Research  |  |  |
|   | Writing   |  |  |
|   | Other   |  |  |
| In addition to income from the State University of New York at Fredonia, indicate any expected sources of income during your sabbatical (see Policies Article XIII, Title E): |   |  |  |
|   | None  |  |  |
|   | Fellowship  |  |  |
|   | Grant-in-aid  |  |  |
|   | Research appointment  |  |  |
|   | Teaching appointment  |  |  |
|   | Other   |  |  |

SUNY Policy states that the objective of sabbatical leave is "to increase an employee's value to the University and thereby improve and enrich its program...Sabbatical leaves shall be granted for planned travel, study, formal education, research, writing or other experience of professional value" (BOT Policies Article XIII Title E).

Provide here a brief abstract (up to 250 words) of the planned activities during the proposed sabbatical leave. ATTACH TO THIS PROPOSAL a more detailed statement (up to 5 pages) and any supporting documentation, such as a copy of a fellowship award, letter of appointment or invitation, a publishing contract, etc.

The detailed statement should address the following areas:

Indicate the nurneso(s) for which a sabbatical leave is being requested:

- 1. The program of study and/or research. Provide a concise and specific description of the project you propose to complete.
- 2. Expected results of the work of the sabbatical period and their relation to your longer term goals. These may include but are not limited to publication or presentation, creative work and its presentation, pedagogical research and practice, and community engagement.
- 3. The connection of the sabbatical project to the strategic goals of your department, college/school, or the State University of New York at Fredonia.

[Type abstract of proposed sabbatical activities here]

#### **ACKNOWLEDGMENT**

It is understood, in applying for this sabbatical leave, that

- 1) The objective of the leave is to increase my value to the university.
- 2) Any change in the proposed activities (following its approval) must be submitted in writing to the Chair and then approved by the Chair, Dean, Provost/Vice President for Academic Affairs, and President.
- It is my intention to continue as a member of the faculty of the State University of New York at Fredonia upon my return. If I do not return to the insitution for one year, I agree to repay the university for all salary received while on leave.
- I shall submit a report of my activities and accomplishments while on sabbatical leave by the last day of classes in the semester I return to my regular duties. This should be an electronic document submitted to the Chair, with copies to the Dean, Provost/Vice President for Academic Affairs, and President. I understand that this activities and accomplishments report will be part of an Annual Sabbatical Report published by the Provost's Office.

| Faculty Signature:   | Date:   |
|--|---|
| Action of the Departmental Personnel Com   | nittee  |
| Instruction: Departmental Personnel Committee Chair shall attach all DPC ballots at here:  | nd summarize the results of the ballots         |
| DPC Chair Signature :  | Date:   |
| Instruction: Provide copies of ballots and DPC chair comments to the department of t | nent chair and applicant. Applicant has         |
| Chair Recommendation   |   |
| ☐ I support this request for a sabbatical leave for the proposed activities and in the time period   | od requested.                                   |
| $\ \square$ I support this request for a sabbatical leave but with the exceptions or changes noted in the  | e comments below.                               |
| $\ \square$ I do not support this request for a sabbatical leave.  |   |
| If this request is approved, the applicant's teaching (or supervisory) responsibilities will following ways:   | be fulfilled during the sabbatical leave in the |
| If this request is approved, these are the additional funds needed to cover the teaching of [Provide a dollar amount and explain their use. If no funds are required, write "None."].  | or supervisory responsibilities noted above:    |
| Additional Comments from the Chair:  |   |
| Chair Signature:   | Date:   |

Chair Signature & Date - Instruction: Forward to Dean and provide copy to the applicant. Applicant has 5 days to respond.

# 

#### **Vice President for Academic Affairs Recommendation**

| I support this request for a sabbatical leave for the proposed activities and in the time period requested.   |
|---|
| I support this request for a sabbatical leave but with the exceptions or changes noted in the comments below. |
| I do not support this request for a sabbatical leave.   |

Additional Comments from the Vice President for Academic Affairs:

Vice President Signature:

Date:

Instruction: Forward a copy of the fully executed form to the President and provide a copy to the applicant and Human Resources. Applicant has 5 days to respond.

This document and any responses or attachments are to be forwarded to the President for final determination, with a copy retained by the Provost/Vice President for Academic Affairs. The President shall inform the applicant of the decision. The President shall report approved sabbaticals to the SUNY Chancellor (Policies Article XIII, Title E, sec. 6).