

Salisbury University
Sabbatical Leave Form Part A

APPLICATION

PERSONAL INFORMATION:

Name	Rank
Department	School
Date employed full-time at Salisbury University (month/year):	

Date employed full-time at Salisbury University (month/year)

APPLICANT'S LEAVE INFORMATION

- Is this your first sabbatical leave from Salisbury University? Yes No
- Indicate semester(s) and academic year of last sabbatical leave: _____
- Indicate semester(s) and academic year for which leave is requested: _____
- List by semester and year the six years of full-time teaching that qualify you for a sabbatical:
- If this is not your first sabbatical leave at Salisbury, attach a copy of the signed Salisbury University Sabbatical Leave Form Part B Final Report from your previous sabbatical.
- Attach your sabbatical proposal.

Guidelines for Sabbatical Proposals

- Write your proposal concisely, but in a way that can be understood by faculty colleagues outside your discipline. Most good proposals are two to five pages. Use one inch margins, double space and a font size of 10 or 12.
- Proposals for a sabbatical leave project include a description of:
 1. **How the project develops and/or rejuvenates the academic spirit of the faculty member.** The proposal shows how the project builds on past scholarly efforts or is a direct outgrowth from them, even if the project is in an entirely new direction.
 2. **How the project fits into the larger academic field.** The proposal includes background information on the project.
 3. **How the faculty member has prepared to undertake the project.** The proposal describes a research design for the project and its expected outcomes. It shows evidence of scholarly preparation for and awareness of the current state of the field of interest and reasonable plan of work.
 4. **How there are sufficient resources to achieve the goals of the project, if applicable.**
 5. **How the project contributes to the University, school, and/or department mission.**
 6. **How the results of the project will be disseminated and subjected to the peer review.** Examples dissemination and peer review include, books, peer reviewed articles, other journal articles, presentations at professional conferences, etc.
 7. **How a sabbatical leave is necessary to achieve the goals of the project.**

STATEMENT OF FINANCIAL GAIN

I understand that financial gain is strictly prohibited with the exception of support for the sabbatical project or compensation for occasional consulting services during the sabbatical. I agree to comply with the guideline restrictions regarding employment during sabbatical leave and recognize that I am obligated to fulfill my university contract at the end of my sabbatical leave.

Signature of Applicant

Date

DEPT. CHAIR'S EVALUATION: Recommended Not Recommended

(If the applicant is a department chair, the School Dean must complete this evaluation.)

- Attach letter of support or nonsupport.

Signature of Chair

Date

DEAN: Recommended Not Recommended

- Attach letter of support or nonsupport.
- Attach plan and cost for covering the faculty duties during the sabbatical leave.

Signature of Dean

Date

PROVOST: Recommended Not Recommended

Comments:

Signature of Provost

Date

PRESIDENT: Approve Disapprove

Comments:

Signature of President

Date

Salisbury University
Sabbatical Leave Form Part B

Final Report

PERSONAL INFORMATION

Name	Rank
Department	School
Semester(s) and academic year of the sabbatical leave:	

On a separate sheet, please address the following topics using as much space as needed to provide a complete report.

1. Describe your sabbatical project. If it differed from your original proposal, discuss briefly how the new project evolved. Indicate when, where and how long each activity was undertaken.
2. What outcomes did you achieve? What do you still expect to accomplish as a result of this project?
3. How did the sabbatical leave benefit you professionally? How did it or will it benefit your students, your department, school and the university?

Please attach this form to your report and deliver it to your department chair for his/her signature (on the reverse side of this form).

Each person who signs this form will forward it to the person who signs it next.

Signature of Faculty Member

Date

DEPT. CHAIR:

Received

Comments:

Signature of Chair

Date

DEAN:

Received

Comments:

Signature of Dean

Date

PROVOST:

Received

Comments:

Signature of Provost

Date

PRESIDENT:

Received

Comments:

Signature of President

Date