

**APPLICATION FOR SABBATICAL  
LEAVE**

**PART I: To be completed by the Applicant and submitted to the Sabbatical Committee Chair:**

I. Name: \_\_\_\_\_ Date: \_\_\_\_\_

II. Dates and Type of Last Leave: \_\_\_\_\_ to \_\_\_\_\_  
(dates) (type)

III. Dates of the Leave Requested: \_\_\_\_\_ to \_\_\_\_\_  
(dates)

IV. Summarize the purpose of the leave on separate sheets. Procedures and criteria for sabbatical leaves are outlined in the *CMU Professional Personnel Employment Handbook*, September 15, 2004 (Section V. A.).

V. Conditions of Employment Upon Return:

Upon my return to the campus on \_\_\_\_/\_\_\_\_/\_\_\_\_, it is understood that I shall hold the  
(date)

position of \_\_\_\_\_ at a salary to be  
(academic rank or administrative title)

determined by \_\_\_\_\_  
(method and/or person)

VI. I hereby formally request a sabbatical leave for the period indicated above. My sabbatical leave plan is attached. I have read the Trustees' and University's sabbatical leave policies and agree to comply therewith, including, if my sabbatical leave is approved, submission of a final sabbatical report to the President and Trustees upon completion of my sabbatical leave. I acknowledge that failure to achieve the goals specified in my sabbatical leave plan will disqualify me from eligibility for subsequent sabbaticals. Further, I expressly understand and agree that I must reimburse the University and Trustees for all salary, benefits and other compensation received while on sabbatical leave if I fail to return to the University for a full year of employment upon completion of my sabbatical leave.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended /Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head (if applicable)  
Note: Also requires submission of Part II. directly to VPAA.

Recommended /Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
Sabbatical Committee Chair

Recommended /Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President for Academic Affairs

Recommended /Not Recommended: \_\_\_\_\_ Date: \_\_\_\_\_  
President



# APPLICATION FOR SABBATICAL LEAVE

Sabbatical Applicant Name: \_\_\_\_\_

**PART II: To be completed by the Applicant's Academic Department Head and submitted directly to the Vice President for Academic Affairs:**

Description of Course Coverage if Sabbatical Leave Approved by Board of Trustees (check all that apply):

\_\_\_ Not offer coursework for sabbatical term

\_\_\_ Use courses through Colorado Consortium

\_\_\_ Use department funds (estimated amount)

\_\_\_ Use other funding sources. If checked, please indicate source and estimated amount:

\_\_\_\_\_ (source(s))

\$\_\_\_\_\_ (amount)

\_\_\_ Apply for funds from central administration pool. If checked, estimate amount that is requested: \$\_\_\_\_\_ (amount)

Other information related to request:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head

Approved /Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President for Academic Affairs