**APPLICATION FOR SABBATICAL LEAVE**

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| --- | --- | --- | --- |
| Applicant’s Name: |  | Date: |  |
| College/Vice President: |  | Department: |  |
| Period Requested: |  | EID: |  |

**List all positions held at the University of Arizona. Start with the latest position, and describe all leaves of absence including sabbaticals. Account for each year.**

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| --- | --- | --- | --- | --- | --- | --- |
| Position |  | Dates |  | Full Time or Fraction of Time |  | Academic (A) or Fiscal (F) Appointment |
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**List additional compensation or cost reimbursements during sabbatical leave**

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| --- | --- | --- |
| Granted – Sources and Amounts |  | Applied for – Sources and Amounts |
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**Reimbursements must comply with UA policies and procedures**

**Please attach the following materials:**

1. A description of the proposed program for the sabbatical. Include the goals to be attained, travel plans, and the benefits to the applicant and the University.

2. Travel plans that state whether additional trips will be required once the individual reaches the sabbatical destination. Documentation needs to specify how the trip(s) are related to the sabbatical research, whether reimbursement will be requested from the department by the individual, what the estimated cost will be of all travel plans, and what the source of all the funds will be.

3. A Curriculum Vitae not to exceed ten pages. Follow the format for promotion, with the emphasis on material for the last six years.

4. The department head’s evaluation and at least one additional letter of evaluation should accompany the application to the college/vice president’s advisory committee.

If granted sabbatical leave, I agree to abide by the terms of the Sabbatical Leave Policy, and to submit a final report during the second semester after returning from sabbatical leave.

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Signature of Applicant Date

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**APPLICATION FOR SABBATICAL LEAVE**

**COMMENTS AND RECOMMENDATIONS**

**Department Head (indicate provision for replacing applicant’s teaching schedule)**

* + Approved
  + Not Approved

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Signature Date

**College/Vice President Advisory Committee**

* + Approved
  + Not Approved

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Signature Date

**Dean or Vice President**

* + Approved
  + Not Approved

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Signature Date

**Provost (only on appeal)**

* + Approved
  + Not Approved

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Signature Date

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