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| PART I: Sabbatical Leave Request | | | | | | | | | | | | | |
| *To request a sabbatical leave, the employee/applicant will complete Part I of this form and submit it to their department chair along with ALL of the items highlighted under the Checklist.* | | | | | | | | | | | | | |
| 1. Employee / Applicant: | | | |  | | | | | | | | | |
| 1. Department: | | |  | | | | | | | | | | |
| 1. Date of Continuing Appointment: | | | | | | *(continuing appointment required per SUNY Policies and UUP Agreement)* | | | | | | | |
| 1. Date of Most Recent Sabbatical Leave *(6 years of consecutive service):* | | | | | | | |  | | | | | |
| 1. Sabbatical Leave From: | | | | |  | | To: | |  | | | | |
|  |  | *I have completed at least 6 years of consecutive service within the University from the date of return from my last sabbatical leave. If this is your first sabbatical leave request, please indicate ‘n/a’ in # 4.* | | | | | | | | | | | |
| 1. **CHECKLIST:** *Please attach the following required items to complete your sabbatical leave request:* | | | | | | | | | | | | | |
|  |  | Proposal for sabbatical leave | | | | | | | | | | | |
|  |  | Current vita of employee/applicant | | | | | | | | | | | |
|  |  | Include a copy of employee’s last sabbatical report (if one was previously taken) | | | | | | | | | | | |
|  |  | Evaluation of leave request by department chairperson | | | | | | | | | | | |
|  |  | Agreement | | | | | | | | | | | |
|  |  | Current Employee Change Form *(available at http://hr.buffalostate.edu/forms)* | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| * I agree to submit notice to my dean and department chairperson of all changes in the plans outlined in my proposal for their approval. * I agree that it is the responsibility of the president to consider and approve any earnings or other income attributable to the sabbatical experience or to the flexible time created by the sabbatical. Therefore, I will submit the appropriate signed documentation of income. * I agree to return to Buffalo State for one full year at the conclusion of the sabbatical and comply with all SUNY regulations if I fail to do so. (Any waiver of this requirement would have to be approved by the president of Buffalo State and the chancellor of the university.) * I understand that a full report of all activities related to the sabbatical leave must be submitted within the first full semester after return from the leave (January 1, 20\_\_\_\_ OR June 1, 20\_\_\_\_). The report must be approved by the dean and vice president. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | |  | |
|  | *Employee / Applicant Signature* | | | | | | | |  | | | *Date* |  |
|  | | | | | | | | | | | | | |
| PART II: Sabbatical Leave Report | | | | | | | | | | | | | |
| Upon completion of the approved sabbatical leave, the employee will submit this form to their department chair along with a report clearly indicating the ways in which the employee’s sabbatical objectives were accomplished. The sabbatical leave report should be received by June 1 following a fall semester sabbatical leave and January 1 for a spring semester or full academic year sabbatical leave. | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | |
| Department Chair | | | | | | | | | | | | Date | |
|  | | | | | | | | | |  |  | | |
| Dean | | | | | | | | | | | | Date | |
|  | | | | | | | | | |  |  | | |
| Provost | | | | | | | | | | | | Date | |

*Revised 9/2021*