APPLICATION FOR SABBATICAL LEAVE

Application for leave should be made to the President and the Chief Academic Officer at least one full semester prior to the leave period requested . . .

Leaves of absence with pay may be of two types: (a) those made necessary by illness or other personal circumstances; and (b) sabbatical leaves, for the purpose of creative study, travel, and/or research which stimulate professional growth and increase the faculty member's usefulness to the University. The University has a firm commitment to sabbatical leaves, but such leaves are grated at the discretion of the University. Ordinarily, eligibility for sabbatical leave requires consecutive service at the rank of assistant professor or higher for six years. Applications for sabbatical leave may be either for an entire year on half salary, or for one semester on full salary. Postponement of an approved sabbatical leave for the convenience of a professor does not accumulate credit toward future sabbatical leave; when, however, sabbatical leaves are postponed in the interest of the institution, credit toward such may be accumulated. Ordinarily, sabbatical leave may not occur more often than once in seven years.(Faculty Handbook, January 2001)

Name of applicant_____

Date of submission of this application _____

Year of first appointment to Fisk faculty _____

Year of most recent sabbatical leave (if any) _____

Year(s) of any non-sabbatical leaves since above date _____

This request is for (check appropriate response:

[ ] Fall semester sabbatical leave at full pay
[ ] Spring semester sabbatical leave at full pay
[ ] Full year sabbatical leave at 50 percent of full pay

Please describe below your research or creative agenda for the period of the proposed sabbatical leave; the expected outcome (research report, course design, article, book work of art, etc.); and any special resources (research libraries, laboratories, etc.) of which you hope to take advantage. If travel is planned, describe destination(s) and purpose(s).

Please indicate what other professional, scholarly, or creative work you have done that is directly related to the proposed project. This response should provide grounds for confidence that the project described can be completed in the time proposed for the leave.

If not indicated in response above, please explain why a sabbatical leave (rather than summer study or work concurrent with continued teaching responsibility) is required for the satisfactory completion of the proposed agenda.

Signature_____

Please append an updated vita (unless full, current information is already on file in the Office of the Dean); also append any information you believe will be of help in the evaluation of this sabbatical request.

FISK UNIVERSITY
OFFICE OF THE PROVOST

INFORMATION FORM FOR FACULTY REQUESTING SABBATICAL LEAVE

TO: _____ _____
Division Director Department Chair

FROM:_____

This office has received a request for sabbatical leave from _____ for the _____semester(s) of _____. If this request has not been discussed with you, please talk with the faculty member about his/her planned activities during the proposed sabbatical period before completing and returning this form.

1. If the proposed sabbatical is granted, how would staffing be affected?
   ____ Staffing would require a full-time replacement
   ____ Staffing could be handled with part-time personnel
   ____ Courses could be handled with no additional personnel

2. Does the faculty member have any responsibilities other than teaching that would need to be absorbed?
   ____ Yes. What?_____

   How would these responsibilities be handled?
   _____
   _____
   _____
   _____
   ____ No

Please indicate your approval/disapproval of the faculty member's request by circling appropriately below.

I ____**approve** ____**disapprove** the request.
Division Director Signature:

_____ **DATE:**_____

I ____**approve** ____**disapprove** the request.
Department Chair Signature:

_____ **DATE:**_____

Note: If either person signing disapproves, please provide reasons for disapproval and attach to this form.