



APPLICATION FOR SABBATICAL/LEAVE OF ABSENCE

1. Name and Title _____

2. Type of leave for which application is submitted (check one):

- _____ Sabbatical Leave
_____ Full Pay _____ Half Pay
_____ Leave Without Pay
_____ Military Leave

3. Specify both the beginning and ending dates of the proposed leave: _____

4. Length of service in the University System of New Hampshire:

5. List any previous leaves which you have been granted, specifying the dates and type(s) of leave(s):

- 6. On a separate sheet, summarize the purposes for which this leave is requested. If you are applying for a sabbatical leave or a leave without pay, please include the following:
1. Description of the proposed project
2. Proposed funding sources (if applicable)
3. Relations of the project to the discipline
4. Contribution of the project to your scholarly/professional activity and/or teaching
5. Travel, contact with resources external to PSU, etc.
6. Expected results

A WRITTEN REPORT SUMMARIZING THE PROFESSIONAL ACTIVITIES UNDERTAKEN DURING THE LEAVE IS TO BE SUBMITTED TO THE PROVOST/VICE PRSIDENT FOR ACADEMIC AFFAIRS WITHIN THREE MONTHS AFTER THE CONCLUSION OF THE LEAVE.

7. Will you be employed during your sabbatical: _____ yes _____ no

If yes, indicate the percentage of the time and the total remuneration you will receive: ____ % \$_____

This application is submitted with the understanding that all leaves of absence granted by the Board of Trustees are governed by the leave policies as stated in the USNH Policy Manual, and that all conditions stipulated in the leave policies are binding upon members of the faculty.

Signature of Applicant _____

Date _____

*******TO BE COMPLETED BY DEPARTMENT CHAIR*******

1. Indicate the arrangement which will be made for the courses and services for which the applicant is normally responsible, **specifying in detail the reassignment or replacement personnel and cost.**

2. Give your evaluation of the applicant's program for leave of absence.

Signature of Department Chair

Date

SUBMIT COMPLETED FORM TO THE PROVOST/VICE PRESIDENT FOR ACADEMIC AFFAIRS

Provost and Vice President for Academic Affairs

_____ APPROVED

_____ DENIED

Date