APPLICATION FOR SABBATICAL LEAVE

Applicants for Sabbatical Leaves should consult the current Collective Bargaining Agreement on Sabbatical Leave Policy, and the <u>Sabbatical Leave Guidelines</u> monograph developed by the committee.

Name of Applicant:		
Academic Rank:		
Department:		
Office telephone:	Home telephone:	
Campus Address:		
Date of Appointment in position:		
Dates of Proposed Sabbatical Leave: (o	check only one)	
1. Fall Semester 2024, Full pay		
2. Spring Semester 2025, Full pay		
3. Academic Year, 2024-2025, Half pay		
4. Summers 2024 and 2025, Full pay		
5. To be determined		
YEARS OF SERVICE IN THE PENNSYLVA EDUCATION AS OF September 1, 2024		
*(see page 1, B.6)		
SERVICE AT IUP: DATES, YEARS; SERVI	CE IN OTHER PASSHE: DATES, YEARS	
PERMANENT FULL TIME		
TEMPORARY FULL TIME		
PART TIME		
Semester(s) of prior Sabbatical Leave(s) taken Date(s):		
Has a sabbatical report been filed?YE	SNO	
If a sabbatical leave report has been filed, plea leave report to your application.	se attach a summary of the most recent sabbatical	

Other types of leave taken: Dates & Length of Lea	ve
(1)	
(2)	
(3)	
If I am granted a Sabbatical Leave, I will return to my sabbatical	IUP for at least one year upon completion of
Signature of Applicant*	Date
I have been notified, by the applicant of his/ her int Sabbatical Leave.	ention to submit this application for
Signature of Department Chairperson*	 Date
Signature of College Dean*	Date
(The department chair should send a list of the num dean for information purposes only.)	nber of applicants for sabbatical leave to the
All application materials must be submitted by 4:0 according to sections D.5 and D.6 of the Sabbatical	
Questions should be directed to	
Dr. Jenna Hennessey	
Chair, UWSLC Department of Educational and School Psyc	chology
242 Stouffer Hall	
<u>jenna.hennessey@iup.edu</u>	

^{*}Applicants must have ALL required signatures. If you are the chair of the department, you may sign for yourself (Guidelines for Sabbatical Leave II.C.2.)