**APPLICATION FOR SABBATICAL LEAVE**

Applicants for Sabbatical Leaves should consult the current Collective Bargaining Agreement on Sabbatical Leave Policy, and the Sabbatical Leave Guidelines 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: (check only one)

\_\_\_\_\_1. Fall Semester 2023, Full pay

\_\_\_\_\_2. Spring Semester 2024, Full pay

\_\_\_\_\_3. Academic Year, 2023-2024, Half pay

\_\_\_\_\_4. Summers 2023 and 2024, Full pay

\_\_\_\_\_5. To be determined

YEARS OF SERVICE IN THE PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION AS OF September 1, 2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_or January 2024\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*(see page 1, B.6)

SERVICE AT IUP: DATES, YEARS; SERVICE 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? \_\_\_\_\_YES \_\_\_\_\_NO

If a sabbatical leave report has been filed, please attach a summary of the most recent sabbatical leave report to your application.

Other types of leave taken: Dates & Length of Leave

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I am granted a Sabbatical Leave, I will return to IUP for at least one year upon completion of my sabbatical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant\* Date

I have been notified, by the applicant of his/ her intention to submit this application for Sabbatical Leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chairperson\* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of College Dean\* Date

(The department chair should send a list of the number of applicants for sabbatical leave to the dean for information purposes only.)

All application materials must be submitted **by 4:00 pm on Tuesday, March 1, 2022** according to sections D.5 and D.6 of the Sabbatical Guidelines document (page 4).

Questions should be directed to

Dr. Jenna Hennessey

Chair, UWSLC

Department of Educational and School Psychology

242 Stouffer Hall

jenna.hennessey@iup.edu

\****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.)