

## Sabbatical Leave Application

Name  Academic Rank

College

Department/School/Center

Period(s) of Leave: Check the options below for the time period for which you are applying.

- |  |                      |  |                      |   |                      |
|--|----------------------|--|----------------------|---|----------------------|
| <input type="checkbox"/> Fall (full pay) | <input type="text"/> | <input type="checkbox"/> Spring (full pay) | <input type="text"/> | <input type="checkbox"/> Full Year (half pay)     | <input type="text"/> |
| <input type="checkbox"/> Fall (half pay) | <input type="text"/> | <input type="checkbox"/> Spring (half pay) | <input type="text"/> | <input type="checkbox"/> Full Year (partial pay*) | <input type="text"/> |
| <input type="checkbox"/> Divided Leave** |                      |  |                      |   |                      |

\*"Partial pay" may vary by college. Check with your business office if you have questions.

\*\*Please specify all periods (with dates) in 201X-201Y and subsequent academic years. These dates should add up to either half-year at full-salary or full-year at partial-salary.

### 1) Statement from Chair/Director as to how the applicant's responsibilities are to be covered.

### 2) Detailed description of the proposed program. Please use the following format:

#### A. Proposal Title

B. Abstract (100-150 words), which provides a sense of project scope and expresses the importance of the scholarly undertaking; should be understandable by someone outside your own discipline or sub-discipline

#### C. Description of the Program (2-4 pp)

1. Introductory Paragraph – Context for work; how successful accomplishment of the proposed work contributes to your scholarly professional development and enhances your career trajectory
2. Purpose and Significance of Work – Nature and significance of the activity, including a clear, concise statement of the project's objectives, as well as your aims in undertaking it
3. Work to be Accomplished – What you plan to do during the sabbatical, with whom you are collaborating, where you will be doing your work, and a description of resources available to you during your leave; also should include letters of invitation or intent to collaborate (if applicable)
4. Projected Results – Expected tangible results (e.g., publications, manuscript, presentations, exhibitions, course development/refinement, skill enhancement)
5. Impact – Address how the activity will specifically contribute to your scholarly development (such as your teaching, research, service/extension). Describe how the activity relates to the Strategic Plan for the educational unit, the college, and/or the University.

- D. External Funding for the Program – can be less than 1 page – or, if no funding is available, address the effort expended to secure external funding or support for your scholarly endeavors; list any supplemental funding during the time period of the proposed leave (award, fellowship, scholarship, partial pay from host institution, etc.)
- E. Last Award Report – 1-2 pp – If Applicable. If your college already requires a post-sabbatical report, and it exceeds 1-2 pp, provide only an executive summary.
- F. Curriculum Vitae

**3) Apportioning of sabbatical activity (Note: Must total 100%)**

	Research Activity
	Instructional Activity
	Public/Professional Service
	100%

I have reviewed and agree to abide by the restrictions on outside employment during sabbatical leave stipulated in GR X.B2(d)(i).

A faculty employee’s signature on the sabbatical leave application form constitutes a legally binding agreement that, in the event the faculty employee does not return to the University of Kentucky for at least one year of service following the sabbatical leave, the faculty employee will repay the University of Kentucky for compensation and fringe benefits paid to the individual during the sabbatical leave.

Signature of the Applicant	Date
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Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Department Chair/Department Head/School Director	_____ Date
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Approve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Dean	_____ Date
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Approve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Associate Provost for Faculty Advancement	_____ Date
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Approve:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Provost	_____ Date
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