#  SABBATICAL LEAVE APPLICATION – Part I

 Eligibility Verification Form

Please type your responses directly on this form and *submit to the Provost's Office* by **May 10, 2019**.

If your sabbatical leave application is primarily to fulfill a Fulbright Scholar Program award, you will not need to submit the Sabbatical Leave Application – Part II Form. Instead, please attach a copy of your Fulbright Scholar Program application to this form (Part I).

For all other sabbatical leave applications unrelated to the Fulbright Scholar Program, you must submit the Sabbatical Leave Application – Part II Form.

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| --- | --- |
| 1. Name: |  |
|  |  |
| 2. Department: |  |

3. **Select one of the following options.** Since sabbaticals are typically taken during the academic year, requests for summer sabbaticals will require justification on Part II of the Sabbatical Leave Application Form, which is due in the Provost's Office on **Friday, September 6, 2019**.

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| --- | --- |
|  | Full year at *full* pay, 2020-2021 |
|  |  |
|  | Full year at *half* pay, 2020-2021 |
|  |  |
|  | One semester at full pay (specify preference): |
|  |  |
|  |  |  Fall 2020 |
|  |  |  OR |
|  |  |  Spring 2021 |
|  |  |
|  | Two summers, equivalent to one semester at full pay. |
|  | (List years and inclusive dates per summer) |
|  |  |
|  |  |
|  |  |
|  | Four summers, equivalent to two semesters at full pay. |
|  | (List years and inclusive dates per summer) |
|  |  |
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4. List dates of all sabbatical leaves heretofore granted. NOTE: Attach a copy of the sabbatical leave report for each previous sabbatical leave.

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5. List dates of all leaves taken without pay.

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6. State the number of years of service with the State System of Higher Education which will be accumulated at the start of the requested sabbatical leave.

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7. Have you ever been granted a sabbatical leave which you subsequently rejected?

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8. Have you ever been granted and then failed to use a sabbatical leave for the purpose granted?

 If so, please explain.

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# *Applicant's Signature Date*