SABBATICAL LEAVE APPLICATION – Part II

**Proposal and Supporting Documentation**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |

**NOTE:** SIX copies of this form, all related attachments, *and a current curriculum vitae* are due in the Provost's Office **no later than Friday, September 4, 2020.** Each applicant should ensure that Part I of the Sabbatical Leave Application form (Eligibility Verification) is submitted to the Provost's Office *prior* *to* completion of the following information.

Please attach additional pages and use appropriate headings for the following three areas of information: (1) Information Related to Merit, (2) Information Supporting the Application, and (3) Curriculum Vitae.

Instructions: Click in a box below to enter data – boxes expand as needed to fit your entry. This form may be saved to a separate drive.

**Information Related to Merit**

Please respond to each of the following (please limit to five pages total excluding timeline and supporting information):

1. Purpose of the Sabbatical

# A. General Purpose

|  |
| --- |
|  |

# B. Specific Objectives

|  |
| --- |
|  |

# C. Expected Products

|  |
| --- |
|  |

# D. Value to Own Professional Development

|  |
| --- |
|  |

# E. Value to Academic Discipline

|  |
| --- |
|  |

# F. Value to University

|  |
| --- |
|  |

# G. Provide a timeline to support the requested length of sabbatical leave:

|  |
| --- |
|  |

2. Methodology to be employed in fulfillment of the sabbatical objectives. List specific steps to be employed. If a summer sabbatical has been requested, include the justification for the leave during that period of time.

|  |
| --- |
|  |

3. If the proposal is an initiation of a new activity, indicate how it will be continued to fruition after the leave terminates. If the proposal is an extension of prior professional activities, indicate the status of the project and the role of the sabbatical in bringing it to fruition.

|  |
| --- |
|  |

4. What qualifications, prior experience, and other evidence indicate your likelihood of successfully accomplishing the purposes and objectives of the planned sabbatical?

|  |
| --- |
|  |

SABBATICAL LEAVE APPLICATION – Part II

**Proposal and Supporting Documentation**

**Information Supporting the Application**

Please respond to each of the following:

1. Indicate supporting funds made available such as grants, fellowships, contracts, or scholarships. In cases where travel is planned, indicate how the costs are to be underwritten.

|  |
| --- |
|  |

2. Indicate and attach any supporting documents from department chairs, publishers, organizations, agencies, or institutions that verify your endeavor.

|  |
| --- |
|  |

3. Indicate and attach any supporting materials from University peers or superiors.

|  |
| --- |
|  |

SABBATICAL LEAVE APPLICATION – Part II

**Proposal and Supporting Documentation**

**Curriculum Vitae and Prior Sabbatical Outcomes**

1. A current curriculum vitae must be included with other supporting materials attached to this Sabbatical Leave Application Form – Part II (one sheet, two-sided maximum).
2. If prior sabbatical leaves have been taken, attach copies of the following for each such leave:
   1. Application Form Part II, responses to items #1 - #4 only
   2. Report to the President

As a condition of your being granted a sabbatical leave, under the provisions of Section I, Act 224 of the General Assembly, 1961, you must agree to return to employment at Millersville University immediately following the expiration of the leave for a period of not less than one year. In addition, you must, upon your return, (1) submit to the President a written summary of your sabbatical activities, (2) be willing, if asked by the President, to discuss with the President and the Sabbatical Leave Committee the details of your leave and (3) give appropriate recognition to Millersville University in any resulting publications. Your signature on this form constitutes such agreement in the event that you are granted the leave request. Your signature also indicates that, to the best of your understanding, you meet all legal and contractual requirements to qualify for a sabbatical of the length and dates requested.

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

# Applicant's Signature Date