

UNIVERSITY OF SOUTHERN MAINE

REQUEST FOR SABBATICAL/UNPAID LEAVE FOR PROFESSIONAL IMPROVEMENT/EDUCATIONAL PURPOSES

1. Name \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Social Security

3. Department/Division \_\_\_\_\_ 4. Collective bargaining Unit \_\_\_\_\_

5. Present Rank/Title \_\_\_\_\_ 6. Initial Hire Date \_\_\_\_\_

7. Years of Service with the University of Southern Maine (by applicable rank)  
Professor \_\_\_\_\_ Instructor \_\_\_\_\_  
Associate Professor \_\_\_\_\_ Lecturer \_\_\_\_\_  
Assistant Professor \_\_\_\_\_ Non-Academic Title \_\_\_\_\_ Specify \_\_\_\_\_

8. Record of Previous Leaves  
Dates Purpose of Leave Where? With Pay?

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

9. Type of Leave Requested: 9a. Dates of Leave: From \_\_\_\_\_ To \_\_\_\_\_

- ( ) Sabbatical (half salary for academic/fiscal year)
( ) Sabbatical (full salary for semester/half year)
( ) Leave without salary (for educational purposes)\*
( ) Intergovernmental Personnel Act (IPA) leave.

9b. University Sabbatical requested: yes \_\_\_\_\_ no \_\_\_\_\_

10. (if applicable) I request that this leave period count/not count as part of the probationary period.

11. Description of Planned Leave Program and its contribution to your professional improvement. ( In an attached statement, describe in detail your proposed leave program, then address these five areas).

- a. If you previously had a sabbatical leave, what specific changes occurred in your professional activities as a result of that leave?
b. What will your proposed leave accomplish, specifically, for you?
c. What is there about this proposal that would require a leave?
d. What are the expected benefits to the University?
e-If your leave is in cooperation with another institution or organization, include documentation of the preliminary arrangements with the host institution or organization

12. Upon completion of above leave, I agree to submit a written report of my activities and accomplishments to my department chair/director and dean. If leave is granted with salary, I agree to return to the University of Southern Maine for one year, or to refund any salary paid by the University during this period.

\_\_\_\_\_ Date Signature of Applicant

\*for an employee with a work year of less than 12 months, an unpaid leave may affect the individual's monthly salary upon return from leave for the remainder of the work year in which the leave occurs.

13. Proposal for Meeting Staff Member's Responsibilities During Absence. (To be completed by department chairperson/director, after consultation with the applicant and the dean, or by the dean, after consultation with the applicant and the Vice President. Attach a sheet showing how the applicant's responsibilities in teaching, research public service, student advising, committees, and other areas will be met).

14. Peer Committee Recommendation: For sabbatical request, attach recommendation of departmental peer committee.

Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_
Recommended as University Sabbatical yes \_\_\_\_\_ no \_\_\_\_\_ Recommended for University Sabbatical yes \_\_\_\_\_ no \_\_\_\_\_

(Chairperson/School Director) Date (Dean) Date

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_
Recommended as University Sabbatical yes \_\_\_\_\_ no \_\_\_\_\_ Recommended as University Sabbatical yes \_\_\_\_\_ no \_\_\_\_\_

(Vice President) Date (President) Date