

University of Massachusetts at Boston Faculty Application for Sabbatical Leave

It is recommended that those applying for a sabbatical leave read the information on sabbatical leave policies and procedures before completing the application. The policy and credit chart are posted at: [Sabbatical Leave Policy 2012 upd 12.21.17.pdf \(umb.edu\)](#)

I. General Information

Name: _____ Employee ID#: _____
Department: _____ Faculty Rank: _____
Year of first appointment to a UMB tenure-track position: _____
Year tenured or TDY: _____ Is this your first UMB sabbatical? Yes No
Last semester on sabbatical (if any): _____
Last semester on other kind of leave (if any, and specify type): _____

II. Sabbatical Eligibility for Academic-Year Sabbatical (tenured faculty on 9-month contracts)

Faculty accrue “credits” toward sabbatical eligibility. After six years of fulltime service, faculty are eligible for their first sabbatical. Subsequent sabbatical leaves are based on years of service. *1 semester of fulltime service = 1 credit (max accrual = 24).*

Note that you do not accrue credit for any semesters when you are on leave or during the year your sabbatical is taken (except for a two-semester non-consecutive semester sabbatical, in which you may not count the semesters you are on leave but may count the others).

See chart at [Sabbatical charts.xlsx \(live.com\)](#) for usage of credits.

- a. By the start date of your proposed sabbatical, indicate how many credits of full-time equivalent service you will have accrued in a tenure-track or tenured position: _____
- b. You may spend some or all of your accrued credits on the proposed sabbatical; any prior unused credits will be “banked” for future use. Indicate how many credits you wish to use for this sabbatical: _____
- c. Indicate semester(s) requested and the corresponding salary percentage for your salary during sabbatical:
 - Fall Semester (year: _____) at _____% FTE
 - Spring Semester (year: _____) at _____% FTE
 - Fall and Spring (consecutive) semesters (year: _____) at _____% FTE
 - Two non-consecutive semesters (sem/year: _____) and (sem/year: _____) at _____% FTE

III. Brief Statement of Purpose of Leave:

Please provide the following information as attachments to this application:

1. A 1-2 page proposal for the leave, including a brief statement of leave objectives, your estimate of the value of this leave to both yourself and the university, your location during the leave, and the anticipated outcome of your project (e.g., publication);
2. An updated curriculum vitae, including bibliography of scholarly work previously published, with full reference citations;
3. Additional information pertinent to your proposal (e.g., if you have received a fellowship or an invitation to conduct research, please include correspondence);
4. Statement concerning additional support (beyond salary, if any) which may be required, the efforts which you have made to obtain such support, whether your leave will be contingent on receipt of such support and, if so, the date by which you anticipate learning whether support will be forthcoming.

IV. Agreement for Sabbatical Leave

In consideration of permission granted to me by the Trustees of the University of Massachusetts to take sabbatical leave for the period from _____ to _____, I agree to return to the University of Massachusetts as a member of the faculty or as a member of the administration, as the case may be, for at least one calendar year (two academic semesters). If I have been granted two non-consecutive semesters at half pay I understand that I incur the obligation to return for one year as soon as I have taken the first of these semesters, and that the obligatory year's return immediately follows the second of the two semesters of leave.

If I fail to comply with this obligation to provide at least one year of service immediately following the expiration of my sabbatical leave, I agree to repay, forthwith, the salary which I received from the University during said leave.

Signed by me this _____ day of _____, 20____

Signature of Applicant

Signature of Witness

V. Approval of Leave Application

A. To be filled out by the applicant:

Name of applicant _____ Department _____ Date _____

Courses taught by the applicant (use asterisk to indicate a team-taught course):

	Course #	Teaching hours/week	Enrollment
1 st Semester of this year	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2 nd Semester of last year	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

B. To be filled out by the Department Chair:

Replacement needed: No Yes If yes: full-time part-time
(explain the need for a replacement on a separate page and attach)

Faculty members on a sabbatical leave or leave of absence without pay next year (use additional page if necessary):

<u>Name</u>	<u>Semester(s) on Leave</u>
_____	_____
_____	_____
_____	_____

Number of sabbatical applications submitted: _____ Priority assigned to this request: _____

Brief evaluation of application:

Signature of Chair

C. To be filled out by the Dean's Office:

Eligibility for sabbatical leave has been confirmed _____

Brief evaluation of application:

Signature of Dean

D. To be filled out by Provost:

Approved by: _____ Date: _____ Date letter of approval sent: _____

Date Sabbatical Report received: _____