FACULTY REQUEST FOR APPROVAL OF SABBATICAL OR LEAVE WITHOUT PAY

June 19, 1996, Revision

Sabbatical Leave: Sabbatical leaves may be provided to UAB tenure-earning or tenured faculty holding the rank of instructor, assistant professor, associate professor, or professor. For each six academic years of full-time service, as defined by the faculty member's department and school, a member of the tenure-earning or tenured faculty is eligible to apply for paid sabbatical leave for one-half year at full pay or for one full year at half pay. Sabbaticals are not awarded automatically. Applications must be submitted at least six months, and preferably one year in advance of the start of the leave. Applicants are required to submit a plan of activities along with this request. (See Section 7.4 of the UAB Faculty Handbook for additional information.)

Leave Without Pay: After a faculty member has completed one academic year of continuous service, a leave of absence without pay of up to one year may be granted for justifiable reason. This type of leave of absence is referenced generally as "Personal Leave." (See Section 7.5.1 of the UAB Faculty Handbook for additional information.)

NAME: ________________________________ DATES OF REQUESTED LEAVE: __/__/__ to __/__/__

SCHOOL/UNIT: __________________________ DEPT: ____________________ EXT: __________

ACADEMIC EMPLOYMENT SERVICE DATE: __/__/__ NUMBER OF YEARS SINCE LAST SABBATICAL: ______

TYPE OF LEAVE BEING REQUESTED:

☐ Sabbatical -- ATTACH STUDY PLAN

☐ Without Pay

☐ With Pay: ☐ ½ Year, Full Pay

☐ 1 Year, Half Pay

Will the sabbatical include foreign travel?

☐ No ☐ Yes -- Foreign Travel Request Form also must be completed.

☐ Leave Without Pay -- PERSONNEL ASSIGNMENT CHANGE FORM ALSO MUST BE PROCESSED

Reason for Leave: ____________________________________________________________

Signature of Person Making Request: ________________________________ Date: __/__/__

Department/Division Comments: ________________________________________________

Department Recommends: ☐ Yes ☐ No ________________________________ Date: __/__/__

Department Chair/Department Head

Approve: ☐ Yes ☐ No ________________________________ Date: __/__/__

Dean, if applicable

Approve: ☐ Yes ☐ No ________________________________ Date: __/__/__

Provost

*Approve: ☐ Yes ☐ No ________________________________ Date: __/__/__

President

*Presidential approval not required for Leave Without Pay unless renewed beyond two years.

Distribution: President's Office will send original form back to Request's Office for distribution.