Sabbatical Leave

Description: Funds are allocated annually to support faculty leaves of absence for purposes of professional growth which will enhance an individual's effectiveness as a teaching scholar. Faculty may elect a half-year's leave with full salary or a full-year's leave with half salary. Benefits will be continued but may be adjusted as mandated by law or policy, (e.g., social security taxes and retirement annuity which are based on actual earnings.)

Eligibility: Sabbatical leaves, as the name implies, may be granted for eligible faculty once in every seven-year period of full time employment. To be eligible for a sabbatical leave, a faculty member must hold tenure at the time the sabbatical is granted and must have completed six years of full time teaching at the University of Puget Sound since joining the faculty or since the completion of the academic year in which the last sabbatical leave occurred. Clinical associate faculty in the Department of Physical Therapy and full time, continuing artist-in-residence faculty, who have completed six years of full time teaching at the university since joining the faculty or since the completion of the academic year in which the last sabbatical occurred are also eligible. One semester of leave fully supported through competitive external funding or through competitive internal grants or fellowships may be included in the calculation of semesters of teaching for purposes of sabbatical application. Time spent on leave without pay or on sick leave for any extended period will not normally be credited toward the service requirement. Units allocated to administrative duties or units of released time granted through recognized university programs are considered a normal part of a faculty member’s full time responsibilities within the expectation of full time teaching. If a faculty member does not apply for a sabbatical leave when first eligible, the faculty member retains eligibility but does not accumulate service toward an additional sabbatical at a later point.

Please see policy statement and documentation required for university support of travel outside the United States.

Application: Application for a sabbatical leave is made to the dean of the university via the department chair using the form attached below. The application should include the following:

1. a completed and signed Leave Application form;

2. a detailed outline of the professional activity to be undertaken, specifying precisely the expected outcome;

3. a clear statement of the place this leave activity will fill in the faculty member's long-term professional growth;

4. Foreign Travel Waiver documentation, if applicable;

5. For research that involves the use of human participants or animals, please be aware that appropriate approval must be obtained before beginning research. Please consult IRB or IACUC approval processes information on the university’s website for details.

Limit the length of your written application (items 2 and 3 above) to five pages. In transmitting the leave request, the chair will
1. recommend approval or disapproval;

2. assess professionally the value of the proposed activity to the faculty member, the department, and the university; and

3. state what replacement will be necessary. Applications are awarded on the basis of the needs of the department or the university and the value of the applicant's proposed project.

**Deadline:** Applications must be submitted to Associate Dean Sunil Kukreja, Jones 212, by October 12 of the year preceding that in which the sabbatical leave is to be taken.

**Reporting:** Upon completion of your sabbatical fellowship, due no later than August 31 of the year during which the leave was taken, please submit a written report that outlines in sufficient detail what was accomplished during this leave and what benefits likely will accrue to the department or university from the leave. The report should be submitted to the department chair to provide the chair an opportunity to view the report before forwarding it. The chair will forward the report to the associate dean, who will then deliver it to the dean of the university.

**Special Conditions:** A faculty member receiving a sabbatical leave agrees to return to the university for at least one year following the leave or to reimburse the university for all funds received.

A professional leave funded in whole or in part by the university is designed to provide the time necessary for the individual faculty member to pursue intellectual growth and development within her/his field. Consequently, such a leave is not to be used for other employment.
LEAVE APPLICATION
This form is to be used for all leaves including Sabbaticals, Lantz Fellowships, Pre-tenure Sabbaticals, Grant Assisted Leaves, and Unpaid Leaves

Due October 12, 2015, for the 2016-2017 academic year. Please submit one copy
to Associate Dean Sunil Kukreja, Jones 212, CMB 1020

Name: ___________________________ Present Rank: ___________________________

Date of first appointment at Puget Sound: ______________________ Phone/CMB: ______________________

Type of Leave Requested: Pre-tenure Sabbatical _____ Sabbatical _____ Grant Assisted Leave _____ Unpaid Leave _____

Previous leaves with dates: ______________________ or [ ] No previous leaves

Term(s) of leave: Fall _____ Spring _____ Term if applying for Lantz Fellowship: Fall _____ Spring _____

Salary status while on leave (check one): Salary status while on leave with Lantz Fellowship (check one)
[ ] Without salary and benefits [ ] Full salary for full year with benefits and Lantz Fellowship
[ ] Without salary but continue benefits as applicable [ ] Full salary for one semester with benefits and additional
[ ] Full salary for one semester with benefits funds in lieu of leave extension (see Lantz application
[ ] Full salary for one semester with benefits guidelines for details)
[ ] Half salary for full year with benefits as applicable

Please list the sources of earned income expected or other support being sought during the leave. Attach explanations of outside support anticipated for which applications have been made.

(1) ___________________________ (2) ___________________________

A. Title of Leave Project:

B. Please provide a full description of your leave plans following the application outline provided in the University Resources for Faculty Professional Development document.

C. Foreign Travel: Does your research involve travel outside of the United States? If yes, please list the names of all countries where you plan to travel:

• If yes, please also sign a Waiver, Release, and Indemnification Agreement for Faculty Foreign Travel form located on the Faculty Resources for Professional Development webpage and include a copy with your application materials.

• Are any of the above-named countries currently on either the Department of State’s travel warning list, or on the Centers for Disease Control’s travel health warning list? If yes, please include a signed Special Waiver and Acknowledgement for Faculty Foreign Travel form.

D. For research that involves the use of human participants or animals, please be aware that appropriate approval must be obtained before beginning research. Please consult IRB and/or IACUC webpages on the university’s website for approval processes information.

At the conclusion of the leave, I agree to file with the chair a written report outlining the accomplishments of the leave which will then be forwarded to the dean of the university. I agree to return to the university for one full year following the leave or to return all funds including salary and benefits paid by the university in connection with the leave. I also agree to obtain IRB or IACUC approval before beginning research involving human participants or animals.

Signature ___________________________ Date ___________________________

July 2015
LEAVE APPLICATION
Submitted to the Dean of the University

Replacement recommendation to be completed by the Department Chair or Director

I recommend: [ ] Approval [ ] Disapproval

Replacements will be required for the following courses:

Year __________ Fall Courses: ____________ Replace: [ ] Yes [ ] No

[   ] Yes [   ] No

[   ] Yes [   ] No

Year __________ Spring Courses: ____________

[   ] Yes [   ] No

[   ] Yes [   ] No

[   ] Yes [   ] No

Reasons for curriculum recommendations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In an attached memo, please assess the value for teaching and professional development of the proposed activity to the faculty member, the department, and the university.

Department chair signature Date

July 2015