Application for Sabbatical Leave

DEADLINE: 5:00 p.m. February 19, 2016

(ELECTRONIC SUBMISSIONS ONLY to: AA-BAP@usf.edu.

APPLICATIONS RECEIVED AFTER THIS DEADLINE WILL NOT BE CONSIDERED

(PLEASE TYPE)

TO: Chair, Sabbatical Committee

ATTN: Gene Murdock
Office of the Provost, CGS 401
University of South Florida
Tampa, Florida 33620

For Academic Year 2016-2017

Designate order of preference

ONE SEMESTER at FULL PAY (Fall and Spring)

TWO SEMESTERS at ONE-HALF PAY (Fall and Spring)

NAME ___________________________________  _______________________________

Last      First

RANK ___ Assistant Professor____ Associate Professor   ____  Professor  ____ Other

DATE OF RANK ____/___/_________  DATE OF TENURE ____/___/_________

COLLEGE __________________________________________________________________________

DEPARTMENT _______________________________________________________________________

DATE OF INITIAL USF EMPLOYMENT ____/___/_________

TERM OF LAST SABBATICAL ______________________________________

TYPE OF LAST SABBATICAL ____ One Semester/Full Pay    ____ Two Semesters/Half Pay

Account for all absences from full-time teaching since date of initial USF employment, other than sabbaticals. For example: leave without pay, Fulbright, departmental release time, sponsored research, etc.

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*Indicate "with" or "without" pay

A. Attach a detailed description and work plan (including a detailed timeline for accomplishing discreet phases of your work plan) of your proposed sabbatical program. (LIMIT TO 3 PAGES, DOUBLE-SPACED.)

B. Describe how your proposed sabbatical will benefit:

(1) Yourself

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

(2) The University

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(3) Your profession/discipline

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________________________________________________________________________
C. If you are applying for a one-semester, full-pay sabbatical, describe what can be accomplished by your proposed sabbatical that otherwise could not be accomplished. For example, the need for off-site work, concentrated blocks of time, etc., and the probability of successful completion of your sabbatical goals.

D. Report here any anticipated supplemental income to be received during the sabbatical period, plus the form/nature and source of the income. If planning to receive income from a USF grant/contract, append your Chair’s/Director’s or Campus CEO’s written verification that conditions stipulated in Sabbatical Policy and Procedures Item VIII, for receipt of USF grant/contract salary, have been met.
E. Report here, or by accompanying letter, any additional information that you deem worthy of consideration by the selection committee. Letters of invitation or recommendation should be attached to the application. **Applicants for a one-semester, full-pay sabbatical must provide current curriculum vitae.**

Do you know of any other leave that would conflict with your Sabbatical Leave?

___ Yes ___ No If yes, please describe:

I attest that the above information is correct.

I agree to comply with the conditions of the sabbatical program as described in the 2015-2016 GUIDELINES.

________________________________________
Applicant's Signature

________________________________________
Department Chair's/Director's Signature*

________________________________________
Dean's/Campus CEO’s Signature*

*Constitutes acknowledgement only; does not imply endorsement of application.