

Application for Sabbatical Leave For Academic Year 2025-2026

APPLICATION DEADLINE: Thursday, October 10, 2024 by 5:00 p.m.

Applications received after this deadline will not be considered. Please merge this file with your application material before signing it.

Applicants must submit by email to: AA-BAP@usf.edu.

Designate order of preference (1=most preferred):

____ One Semester at FULL PAY ____ Fall ____ Spring

____ Two Semesters at ONE-HALF PAY (Fall and Spring)

Last Name _____ First Name _____

Rank: Associate Professor Professor Other

Date of Rank _____

Date of Tenure _____

Department /Unit _____

College _____

Campus _____

Date of Initial USF Employment _____

Term of Last Sabbatical* (if applicable) _____

Type of Last Sabbatical One Semester/Full Pay Two Semesters/Half Pay

**If an applicant has previously been awarded a sabbatical, please attach a copy of the report from that sabbatical.*

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.

***Indicate "with" or "without" pay.*

Date	Purpose	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)**
All applicants must also provide a current curriculum vitae.

B. Describe the benefits of your proposed sabbatical to:

(1) Yourself (max. 800 characters)

(2) The University - Please include how your proposal aligns with [USF's Strategic Plan](#) and [Principles of Community](#)
(max. 800 characters)



(3) Your Profession/Discipline (max. 800 characters)

- 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.

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

Yes No If yes, please describe:

By signing below, the applicant attests that the information submitted in this form is correct and agrees to comply with the conditions of the sabbatical program as described in the current Guidelines.

Applicant

Department Chair/Director*

Campus Dean, Campus Chair, or Regional Vice Chancellor (if applicable)*

College Dean*

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