

**Request for Sabbatical or Unpaid Leave of Absence
For Professional Improvement or Education Purposes**

Department
O - _____

Faculty Salaried

Prefix:	First Name:	Middle I.:	Last Name:	Bargaining Unit
Title:		Date of Hire:	Tenure Date:	Proposed Dates of Leave: From _____ to _____

Type of Leave Requested:

<input type="checkbox"/> Sabbatical (half salary academic/calendar/fiscal year)*	<input type="checkbox"/> Leave without salary (for educational purposes)*
<input type="checkbox"/> Sabbatical (full salary for semester/half year)	<input type="checkbox"/> Intergovernmental Personnel Act (IPA) leave

*For an employee with a work year of less than 12 months, an unpaid leave, or 1/2 pay sabbatical for a calendar year, may affect the individual's monthly salary upon return from leave for the remainder of the work year in which the return from leave occurs.

I request that this leave period *count* *not count* as part of the probationary period (if applicable).

Years of Service in Rank:

Professor: _____ **Associate Professor:** _____ **Assistant Professor:** _____ **Lecturer/Instructor:** _____

Non Faculty: _____ (Please specify)

Record of Previous Leaves

Dates	Leave Purpose	Location	Pay (Full/Half/Unpaid)

Description of Planned Leave Program: Please attach a written statement describing in detail your proposed leave program, its contribution to your professional improvement, and addressing the following:

- a. If you previously had a sabbatical leave, what specific changes occurred in your professional activities as a result?
- b. What will your proposed leave accomplish, specifically, for you?
- c. What is there about this proposal that would require a leave?
- d. What are the expected benefits to the University?
- e. If your leave is in cooperation with another institution or organization, include documentation of the preliminary arrangements with the host institution or organization.

Upon completion of the above leave, I agree to submit a written report of my activities and accomplishments to my department chair, director, and dean. If leave is granted with salary, I agree to return to the University of Maine for one year, or to refund any salary paid to me by the University during this period.

Employee Signature

Date

Proposal for Meeting Staff Member's Responsibilities During Leave:

The department head should consult with the applicant and the administrator at the next academic/ administrative level in developing a plan for how the applicant's responsibilities, especially for how teaching, research, public service, student advising and other areas will be handled during the proposed leave period. This written plan should accompany the sabbatical/ leave request.

Attach Peer Committee Recommendation (required for sabbatical requests.)

Approved <input type="checkbox"/> Not approved <input type="checkbox"/> _____ Departmental Chairperson/School Director Date	Approved <input type="checkbox"/> Not approved <input type="checkbox"/> _____ Dean Date
Approved <input type="checkbox"/> Not approved <input type="checkbox"/> _____ Vice President and Provost Date	Approved <input type="checkbox"/> Not approved <input type="checkbox"/> _____ President Date