

Utah Valley University

Faculty Application for Sabbatical Leave

Applicant should review UVU Policy 640, *Faculty Sabbatical Leave*, before completing this form. (<https://policy.uvu.edu/getDisplayFile/563a417065db23201153c281>). During or after the sixth year of service, a faculty member may send a request for a sabbatical leave to their department chair by November 15 for sabbaticals beginning the following Fall semester or by April 1 for sabbaticals beginning the following Spring semester.

Name of Applicant: _____

Department: _____ Rank: _____

Date of Full-Time Appointment to UVU Faculty: _____

Date(s) of Previous Sabbatical Leave: _____

Dates of Requested Leave: _____

Required Attachments:

1. Describe briefly the proposed activities (purpose, location, expected accomplishments, etc.) while on leave and tell how they will contribute to your professional development, your students, and the advancement of the mission of UVU.
2. Submit a resume of your professional activities and achievements relevant to the purpose of this leave.
3. If the purpose of the leave is to pursue an advanced degree, submit a copy of your notification of acceptance to a graduate program (if applicable); indicate the degree sought and major discipline if not otherwise evident.
4. The Department RTP Committee (if required by department criteria), Dean, and Department Chair must attach statements indicating their recommendation, expected benefits of requested leave to the department and institution, as well as replacement arrangements and anticipated cost of replacement (if applicable).

This request is consistent with all applicable sabbatical rules and policies of UVU pertaining to eligibility, documentation, and financial arrangement. In consideration for approval of this sabbatical, applicant agrees to remain in the services of the University for a period of time equal to the length of the leave following return. Should applicant fail to return to the University for the required period of time, applicant agrees to reimburse the University for all sabbatical leave salary received as well as any attorney fees or fees for collection efforts.

Signature of Applicant: _____ Date: _____

	SIGNATURE	RECOMMENDATION	DATE
Department RTP Chair:	_____	Yes / No	_____
Department Chair:	_____	Yes / No	_____
Dean:	_____	Yes / No	_____
President:	_____	Yes / No	_____

Action by UVU Board of Trustees: Approve / Disapprove Date: _____