

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
POLICY NO: 1376

FACULTY PROFESSIONAL LEAVE WITH PAY REQUEST
SABBATICAL LEAVE APPLICATION FORM

INSTRUCTIONS

1. Complete the information below. Page 1376-1 shall serve as the cover sheet to your request.
2. Prepare a summary of your leave proposal on Page 1376-2. This summary should serve as a quick reference to the principal features of your leave proposal.
3. Prepare a statement explaining the nature of the proposed program including the items listed on Page 1376-3.
4. Attach a résumé or c.v.

SEE POLICY 1375, UNIVERSITY MANUAL, FOR LEAVE REQUEST PROCEDURE AND ARTICLES 27 AND 28 OF THE UNIT 3 (FACULTY) COLLECTIVE BARGAINING AGREEMENT.

COMPLETED APPLICATION MUST BE SUBMITTED THROUGH CAMPUS E-MAIL TO THE DEPARTMENT CHAIR IN ACCORDANCE WITH THE ESTABLISHED UNIVERSITY SCHEDULE. FACULTY OF COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) SHOULD E-MAIL THEIR APPLICATION TO THEIR DIRECTOR. THE DEPARTMENT CHAIR SHALL SUBMIT THROUGH CAMPUS E-MAIL THE APPLICATION ALONG WITH THE COMPLETED DEPARTMENT CHAIR STATEMENT FORM TO THE DEAN IN ACCORDANCE WITH THE ESTABLISHED UNIVERSITY SCHEDULE.

Candidate Information

Name _____

Academic Rank _____

Department _____ College/Library/CAPS _____

Date Appointed to Full-Time Position _____

List semesters requested for Sabbatical Leave :

SUMMARY OF LEAVE PROPOSAL

PLEASE LIMIT YOUR RESPONSES TO THE SPACES PROVIDED.

GOALS AND OBJECTIVES

PLAN OR SCHEDULE FOR ACHIEVING GOALS

(e.g., study plan, highlights of travel and meeting itinerary, writing schedule, course work, etc.)

ANTICIPATED RESULTS OF LEAVE

(e.g., titles or topics of expected books, journal articles, manuals, art work, lectures, etc.)

ADDITIONAL COMMENTS

(e.g., special institutional arrangements, invitations, graduate admissions or progress)

SABBATICAL LEAVE PROPOSAL

Attach a statement explaining the nature of the proposed program, showing how the candidate and University will benefit as a result of the experience to be gained by the candidate during the leave. The statement shall address all items shown below as applicable. Attach copies of any documents that would clearly support your proposal.

1. Purpose of leave and anticipated results.
2. Explain the benefits of the leave to the University, the faculty's professional development as a teacher and scholar, the faculty discipline, and students.
3. Extent of travel — dates and itinerary, if applicable.
4. Schools, agencies, industries, etc., where study or travel is planned, status of preparation required prior to leave, if applicable.
5. Auspices under which study is to be done. Provide available documentation. Attach copies of appropriate letters of invitation, correspondence with cooperators or institutes, graduate student agreements, if applicable.
6. Nature, amount, and sources of anticipated supplementary support (such as travel funding, research fellowship, research grants), if applicable.
7. Why are you asking for a leave at this time?
8. Your academic preparation and professional experience applicable to proposed program.
9. Indicate any previous work or preparation in direct support of your proposed leave program (include pertinent dates, arrangements or agreements, indications of progress, etc.). (if applicable)
10. Project plan describing the project activities and timeline.

**SABBATICAL LEAVE
DEPARTMENT CHAIR EVALUATION FORM**

Applicant Name: _____ Proposal Title: _____

Please check the following as appropriate:

_____ I have consulted with the Department faculty regarding the impact of the sabbatical leave request on the department course offerings and operation.

_____ Academic semester(s) requested for the sabbatical leave does not have a significant impact on the department course offerings and operation

_____ Academic semester(s) requested for the sabbatical leave has an unmanageable impact on the department course offerings and operation. The Department recommends that the applicant change the requested leave semester(s) to _____

PLEASE PLACE AN "X" IN THE BOX THAT BEST REPRESENTS YOUR RATING OF THIS PROPOSAL

EVALUATIVE CRITERIA	Unacceptable	Poor	Fair	Good	Excellent	No Basis	Comments
Appropriateness of the activity for a sabbatical leave							
Feasibility of proposed activities (including clarity of objective and project timeline)							
Benefits to faculty development, university, and students							
Qualifications of proposer to execute proposed plan							
Reasonableness of resources requested (justifies budget and/or time requests)							

Additional Comments: Please restrict your comments to no more than five sentences.

Department Chair Signature: _____ **Date:** _____

**SABBATICAL LEAVE
DEAN/DIRECTOR EVALUATION FORM**

Applicant Name: _____ Proposal Title: _____

PLEASE PLACE AN "X" IN THE BOX THAT BEST REPRESENTS YOUR RATING OF THIS PROPOSAL

EVALUATIVE CRITERIA	Unacceptable	Poor	Fair	Good	Excellent	No Basis	Comments
Appropriateness of the activity for a sabbatical leave							
Feasibility of proposed activities (including clarity of objective and project timeline)							
Benefits to faculty development, university, and students							
Qualifications of proposer to execute proposed plan							
Reasonableness of resources requested (justifies budget and/or time requests)							

Additional Comments: Please restrict your comments to no more than five sentences.

Signature of Dean/Director: _____ **Date:** _____