

**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 APPLICATIONS, DEPARTMENT CHAIR EVALUATION, AND DEAN EVALUATION MUST BE SUBMITTED THROUGH CAMPUS DESIGNATED DIGITAL CONTENT MANAGEMENT SYSTEM 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/or the 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. 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)
8. Project plan describing the project activities and timeline
9. Date of last sabbatical (if applicable), length of term (1 semester, 2 semester), initial appointment/hiring date.

**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 ASSESSMENT OF THIS PROPOSAL

EVALUATIVE CRITERIA	Yes	No	Comments
	Project is feasible; i.e. proposal clearly states objectives of the leave, describes activities and, if applicable, preparation involved in achieving objectives, and includes a timeline indicating estimated progress towards objectives.		
Benefits to faculty development, university, and/or students are clearly articulated.			
(i.e., Budget and/or time requests do not unduly impede department function)			

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 ASSESSMENT OF THIS PROPOSAL

EVALUATIVE CRITERIA	Yes	No.	Comments
Project is feasible; i.e. proposal clearly states objectives of the leave, describes activities and, if applicable, preparation involved in achieving objectives, and includes a timeline indicating estimated progress towards objectives.			
Benefits to faculty development, university, and/or students are clearly articulated.			
Budget and/or time requests do not unduly impede department function.			

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

Signature of Dean/Director: _____ Date: _____