

BINGHAMTON UNIVERSITY

FACULTY REQUEST FOR SABBATICAL LEAVE

(Submit original to the Dean's office)

Name	_____	Date	_____
Email address	_____	Rank	_____
School	_____	Department	_____
Requested Leave	_____	Fall	Year _____
	_____	Spring	Year _____
	_____	Academic Year	Year _____
	_____	Calendar Year	Year _____

ATTACH A COMPLETE DESCRIPTION OF YOUR PROPOSED SABBATICAL PROJECT.

DECLARATION

Initials

1. ____ I will ____ I will not receive monies from any source other than Binghamton University while I am on leave. _____
 If receiving money from other than Binghamton University, list source(s) and amount(s):

2. I will continue as a faculty member at Binghamton University for at least one year after the conclusion of my sabbatical leave. _____
(Note that any faculty member who does not return for at least one year of additional employment after a sabbatical leave may be expected to remit to the University any salary paid by the University while on leave, or to arrange for the new employer to reimburse the University for such salary.)

3. I have on file with the Provost's Office Annual Faculty Reports for each year since any earlier sabbaticals have been submitted. _____

4. I will submit to the President, through channels, a detailed report of my sabbatical leave accomplishments within six months of my return. _____

I have read the statements on sabbatical leaves from both the *Policies of the Board of Trustees* and the *Binghamton University Handbook for Faculty and Professional Staff*. I believe I meet the conditions for eligibility and agree to meet and fulfill all other responsibilities of a sabbatical if the leave is granted.

_____	_____
Applicant's Signature	Date

**FACULTY REQUEST FOR SABBATICAL LEAVE
ELIGIBILITY INFORMATION**
(To be filled out by the Dean's office)

Applicant's name:

Date of last sabbatical:

Date eligible for sabbatical:

Reports from previous sabbatical on file:

Arrangements on record to meet faculty member's teaching obligation:

APPROVALS

<u>Indicate leave time frame</u>	<u>Support leave request [Yes or No]</u>	<u>Signature</u>	<u>Date</u>
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Department Chair

If any exceptions or pending decisions apply, please note them here:

Dean¹

Provost

President

¹ Please attach a statement of justification for your decision.