

FACULTY SABBATICAL AND PAID LEAVE OF ABSENCE FORM**Faculty information**

Faculty member's name: _____

Title: _____

Department: _____

Leave information

Type of leave (please check one)

Sabbatical (tenured faculty)

Fall semester (5 months; September 1-January 31)

Spring semester (5 months; February 1-June 30)

Full academic year (10 months; September 1-June 30)

Parental leave

13 weeks

Other If other, please describe _____

Medical leave

Other leave If other, please describe _____

Date leave begins: _____

Date leave ends: _____

Date of return: _____

Salary informationPercent of salary that will be covered from grant or contract funds (if continuing to work during leave):
_____ (95% is maximum allowable)

Percent of salary to be paid by school: _____

Faculty member's signature_____
Date