

**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

12 weeks

20 weeks  
(maternity)

Other

If other, please describe \_\_\_\_\_

Medical leave

If other, please describe \_\_\_\_\_

Other leave \_\_\_\_\_

Date leave begins: \_\_\_\_\_

Date leave ends: \_\_\_\_\_

Date of return: \_\_\_\_\_

**Salary information**Percent 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