

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

SABBATICAL LEAVE PROGRAM APPLICATION

Eligibility:

To be eligible for this program, a faculty employee must be full-time and tenured, with at least six (6) years of full-time service in the State University System. Applicants must submit the completed application by the announced deadline. An application for sabbatical must be submitted during the academic year prior to the year in which the sabbatical assignment is desired.

Name(Employee ID Number) Faculty Rank

College/School Division Department

Campus Address

Home Address

Phone Number: Home: _____ **Business:** _____ **Cell:** _____

LEAVE REQUESTED:

Check Semester(s) desired

_____ One Semester – Full Pay

_____ Fall

_____ Two Semesters – Half Pay

_____ Spring

EDUCATION:

Undergraduate Degree(s), Institution(s) and Date(s)

Degree Earned	Field/Discipline	Year Obtained	University/Institute

Graduate Degree(s), Institution(s) and Date(s)

Degree Earned	Field/Discipline	Year Obtained	University/Institute

Further Study – Institution(s) and Date(s)

Degree Earned	Field/Discipline	Year Obtained	University/Institute

Details of past leaves of any kind

Leave Type	Specific Dates	Funding Source(s)

Number of years of service with FAMU: _____

DESCRIPTION OF PROPOSED SABBATICAL:

Please attach to this page a detailed description of your plans for the sabbatical and a copy of your curriculum vitae or resume. Your description should include an explanation of the work that you plan to undertake during the sabbatical; the educational goals and benefits to be derived from this leave to you, the university and your profession; the involvement of any other institution or organization in the proposed research; travel associated with sabbatical; and efforts to secure outside funding.

(Note: This application should be accompanied by the detailed description of the sabbatical and your curriculum vitae or resume.)

Signature of Applicant:

Upon acceptance of a Sabbatical leave grant, I agree to return to employment at FAMU for at least one academic year following the conclusion of this leave, unless written approval to the contrary is included in the President's letter of award. I am aware that I may be required to reimburse FAMU for the salary received during such leave if neither of the above is satisfied.

Signed: _____ Date: _____

The following administrative officers **must** sign the application, after consultation with the applicant, indicating their recommendation and may add comments, if desired.

RECOMMENDATIONS

Department Chair Recommends _____ Does not Recommend _____

Comments (attach additional sheet if necessary):

Signature of Department Chair Date

Dean Recommends _____ Does Not Recommend _____

Comments (attach additional sheet if necessary):

Signature of Dean or Director Date