



THE UNIVERSITY of NEW ORLEANS

Request for Leave of Absence and Sabbatical Agreement: 2014-2015

The University of Louisiana System

Instructions: Applicants should complete the UL System form on pages 1-3 (as appropriate). Applicants should then proceed to the UNO form beginning on page 4. Please note that UNO requests a work proposal, a current C.V. in UNO format, and administrative recommendations to be completed by chairs and deans.

INSTITUTION: **University of New Orleans**

NAME OF EMPLOYEE: _____

UNIVERSITY I.D. NO. _____

TITLE: _____

DEPARTMENT: _____

HIGHEST DEGREE: _____ BIRTHDAY: Month _____ Day _____ Year _____ Age: _____

NUMBER OF CONSECUTIVE FISCAL YEARS ACTIVE SERVICE IN LOUISIANA: _____

NUMBER OF SEMESTERS OF ACTIVE SERVICE AT THIS INSTITUTION: _____

PURPOSE OF LEAVE REQUESTED (Check one):

- a. Professional or Cultural Improvement:
- b. Rest & Recuperation: (Statements from two physicians must be attached)
- c. Military:
- d. Other (Specify): _____

TYPE OF LEAVE REQUESTED (Check One):

- a. With Pay: Amount \$ _____
- b. Without Pay:

LENGTH OF LEAVE REQUESTED (Number of weeks): _____

EFFECTIVE DATES OF LEAVE: Beginning: **[Select from Menu]** Ending: **[Select from Menu]**

MANNER IN WHICH THIS LEAVE, IF GRANTED, WILL BE SPENT: **Please see attached proposal.**

I have reviewed the RULES [Bylaws, and Policies and Procedures] of the UNIVERSITY OF LOUISIANA BOARD OF SUPERVISORS, at Chapter III, Section V, pertaining to Leaves of Absence and hereby agree to comply with the provisions enumerated therein.

Date of Application

Signature of Applicant

PRIOR LEAVE RECORD FROM THIS INSTITUTION (To be certified by the institution):

Date of Last Leave:

Length of Last Leave: _____

Type of Last Leave: With Pay:

Amount \$ _____

Without Pay:

APPROVAL BY HEAD OF DEPARTMENT:

Date Approved

Signature _____ Department _____

Department Head must include a letter of recommendation with this application when it is forwarded to the appropriate Dean and Vice President.

APPROVAL BY DEAN (Attach Sabbatical Fiscal Plan):

Signature: _____ Dean of: _____

Date:

APPROVAL BY VICE PRESIDENT:

Signature: _____ Vice President for **Academic Affairs**

Date:

Date: _____

APPROVAL BY THE HEAD OF THIS INSTITUTION:

Date Approved

Signature

APPROVAL BY THE UNIVERSITY OF LOUISIANA SYSTEM:

Date Approved

Signature of the President

**UNIVERSITY OF LOUISIANA SYSTEM
REQUEST FOR LEAVE OF ABSENCE
AND SABBATICAL AGREEMENT**

(Instructions: Please indicate with a check mark the pay status of your leave, answer any questions pertaining to your status, and sign your name along with the date.)

I. OFFICIAL SABBATICAL LEAVE WITH FRACTIONAL PAY (75% of present salary):

During a period of official leave with fractional pay, a higher percentage of retirement withholding will be assessed against your fractional pay (i.e., you will be assessed as if you were earning 100 percent of your present salary) to allow for full retirement credit during the official leave period. The institution will pay full employer's share (University of Louisiana System Board of Trustee Policies and Procedures Manual at Chapter III, Section V).

The leave pay shall be distributed over the entire period of that leave.

In accepting this leave of absence with pay, I understand that I assume a legal obligation, as listed in Acts 1991, 858 (R.S. 17:3328) to return to this institution for at least one year of further service. Failure to return the semester immediately following the sabbatical will result in repayment of all sabbatical leave pay received, unless otherwise determined by the Board.

II. OFFICIAL LEAVE WITHOUT PAY:

During a period of official leave without pay, under the present law, you cannot make contributions of your share and/or the employer's share of the salary you would have been paid by the institution during that period of leave.

In order to purchase this time, you must consult with your respective Retirement System.

OTHER PROVISIONS

I am aware of the prohibition against dual appointments or dual employment as described in LSA-R.S. 42:63. This statute provides that no person holding an elective office, appointive office, or employment in any of the branches of state government or of a political subdivision thereof shall at the same time hold another elective office, appointive office, or employment in the government of a foreign country, in the government of the United States, or in the government of another state.

I fully understand the above statements.

Date
APPROVED:

Date President

Signature, Applicant for Leave
University of New Orleans
Institution

Request for Leave of Absence and Sabbatical Agreement: 2014-2015

University of New Orleans Information

Instructions: Applicants should provide the information requested below for University review. Please note: 1) Do not punch holes in documents; 2) Do not staple documents. Department chairs and college deans will complete the administrative evaluation pages. Thank you.

- Attach to the end of this document a **formal sabbatical proposal** that provides the following information, using the numbered sequence provided below. Please be brief, but provide sufficient detail for evaluation by administrators at all levels of the University.
 1. **Description of the project:** Describe the project with sufficient detail so that both its quality and significance can be fairly evaluated. Please indicate the purpose of the leave and include a work plan. Provide an alternative plan in case the original plan cannot be accomplished. Make clear how much of the project you expect to complete during the leave. Please also list any courses for credit or audit that will be taken while on leave. A typical description of the project will be 2-3 pages.
 2. **Location of work:** Please indicate the location of the leave, with whom the leave will be spent, and the nature of the arrangements. Provide an estimate of the amount of time to be spent traveling.
 3. **Work already completed:** Indicate if the proposed work is part of an ongoing project, and how much of this project already will have been completed when the leave begins.
 4. **Value and compatibility of goals:** Indicate how completion of the project will enhance your standing as a scholar, researcher, and teacher, and will help to achieve the goals of your department and/or college.
 5. **Previous sabbatical leave:** Append a copy of the report on the accomplishments of your last sabbatical leave sponsored by UNO, as this report will be used to evaluate your current request.
 6. **Affix your signature** to the proposal.

Please note: As a matter of policy, the University of New Orleans does not permit the recipient of a paid sabbatical leave to receive compensation from other sources while on leave. Any requests for exceptions should be discussed with the Provost prior to submission of the sabbatical application.

- Attach to the end of this document a **curriculum vitae** in **UNO format** (see below for general format; go to <http://grad.uno.edu/GradFaculty/index.cfm> for details). Please include all of the top three levels of the hierarchy in your format (i.e., “Background,” “1.,” “a.”), writing “N/A” where appropriate; you may use your own discretion in determining how many of the remaining levels that you wish to include.

GENERAL CURRICULUM VITAE FORMAT

Background

(Report all items in *reverse chronological order*.)

Education: Institution, degree or program, dates . . .

Experience:

Academic: Description with rank, period of appointment

Other professional: Position, period of appointment

Scholarly and Creative Productivity(Report all items within each category in *reverse chronological order*.)1. **Publications**

(List only those items that have actually been published.)

a. Books

(Specify whether you served as an author or editor. Give place, publisher, date of publication, and names of other authors/editors, if any, in the order in which they appear on the publication.)

- 1) Scholarly books
 - a) Refereed
 - b) Non-refereed
- 2) Text books
 - a) Refereed
 - b) Non-refereed

b. Refereed/Invited Publications

(Include the number of printed pages for each publication and list the names of authors in the order in which they appear on the publication. Also, indicate which publications were invited.)

- 1) Book chapters
- 2) Journal articles
- 3) Refereed monographs
- 4) Refereed proceedings

c. Other Publications

- 1) Non-refereed academic journal articles (no outside reviewer)
- 2) Others (working papers, non-refereed proceedings, abstracts, trade journals, reviews, popular publications)

2. **Items Accepted for Publication but Not Yet Published**

(Give as complete information as possible.)

3. **Artistic or Other Creative Contributions**

(Exhibits, performances, productions, compositions, software, etc. Group the entries in a manner that is standard for your discipline.)

4. **Participation at Professional Meetings**

(Presentations at professional meetings. Provide the title, co-authors (if any), name of the meeting; when and where it took place.)

5. **Other Scholarly or Creative Activities**

- a. Service in role of discussant, critic, reviewer for professional meeting or publications
- b. Service in role of officer of professional organization, program committee member, session organizer for professional meeting
- c. General editorship of journal, monograph series, book series
- d. Professional society membership

6. **Awards, Lectureships, or Prizes**

(List those that show recognition of scholarly or artistic achievement.)

7. **Grants and Contracts**

a. Grants and contracts received

(Indicate project title, source and amount of grant, and date grant was approved.)

- 1) Principal investigator, co-principal investigator, or equivalent
- 2) Not principal investigator, etc. (indicate your role)

8. **Thesis/Dissertation Committee Service**

(Limit entries to thesis/dissertation service during last three years. Indicate the service capacity [committee member or chair], name of student, thesis/dissertation title, date/expected date of completion.)

9. **Major Areas of Creative or Research Interest**10. **Other Professional Accomplishments**

- a. Manuscripts under submission
(Include the title of the manuscript, and when and where it has been submitted.)
- b. Course/Program design and development
- c. Special recognition for teaching
- d. Academic service
 - 1) On-campus (as administrator, committee member, etc.)
 - 2) Off-campus (include speaking engagements)
- e. Other service

Applicant Name: _____

Evaluation by Chair/Head¹

A. How will this leave enhance the ability of the applicant to meet his/her responsibilities within the UL System?²

B. What is your overall evaluation of this leave request?

- Strongly Recommend
- Recommend
- Recommend with Conditions (State Conditions in 'G')
- Do not Recommend

Reasons for not recommending:

C. How do you rate this request among all of those from your department?

_____ out of _____
 (Numerical Rank) (Total Number)

D. Applicant's current salary:

Pay Basis: Academic Year Fiscal Year

E. Applicant's current teaching load in credit hours:

- Fall Semester Semester Hours Teaching: _____
- Spring Semester Semester Hours Teaching: _____
- Summer Semester Semester Hours Teaching: _____

F. Is a replacement needed for teaching? No Yes

If the answer is 'Yes,' please explain the circumstances in the space below (including proposed **rank**, **teaching load**, and **salary**):

Is a replacement needed for other duties? No Yes

If the answer is 'Yes,' please explain the circumstances in the space below:

The successful applicant will receive 75 percent of his/her salary. How will the remaining **25 percent** be used to support replacement needs in the applicant's absence?

¹ Please note that a Department Chair should be evaluated by his or her Dean. In the comment space, please insert "**Applicant is a Department Chair and will be evaluated by the Dean**" (or similar language). Please do not use an "*ad hoc*" Chair from the faculty to provide the evaluation.

² **This form is locked** and formatting is limited mainly to basic text entry. If you wish to format text and/or you want to insert text from another document, you will need to **unlock** the form. Here is how with **Word07**: If you do not have the padlock symbol already on your screen (press to lock or unlock), click the **Word** menu (the yellow/blue circle in the upper left-hand corner of your Word window), click **Word Options** at the bottom of the menu, and then hit **Customize**. When you open Customize, you will see in the left-hand box a column of possible shortcut icons, including a yellow padlock symbol. Highlight the **padlock** symbol and **Add** it to the column on the right, which shows the shortcuts currently in your toolbar. Press **OK**. Once added, you should see the padlock in your toolbar. Press the padlock to lock or unlock the document. Keep in unlocked mode only for text preparation. There is no password protection.

G. Other comments?

Department Chair/Head's Signature

Date

Applicant Name: _____

Evaluation by Dean/Director

A. Are funds required to offset the difference between 25% of the applicant’s salary for the sabbatical term and the teaching replacement costs? No Yes

If yes, list the amount of funding and attach the Sabbatical Planning Guide _____

B. What is your overall evaluation of this leave request?
 Strongly Recommend
 Recommend
 Recommend with Conditions (State Conditions in ‘D’)
 Do not Recommend

Reasons for not recommending:

C. How do you rate this request among all of those from your college?
_____ out of _____
(Numerical Rank) (Total Number)

D. Do you concur with the evaluation and replacement needs of the Department Chair/Head?
 No Yes

If the answer is ‘No,’ please explain in the space below:

E. Comments (comments are encouraged):³

[Large empty rectangular box for comments]

[Small empty rectangular box for date]

Dean/Director’s Signature

Date

³ ***This form is locked*** and formatting is limited mainly to basic text entry. If you wish to format text and/or you want to insert text from another document, you will need to **unlock** the form. Here is how with **Word07**: If you do not have the padlock symbol already on your screen (press to lock or unlock), click the **Word** menu (the yellow/blue circle in the upper left-hand corner of your Word window), click **Word Options** at the bottom of the menu, and then hit **Customize**. When you open Customize, you will see in the left-hand box a column of possible shortcut icons, including a yellow padlock symbol. Highlight the **padlock** symbol and **Add** it to the column on the right, which shows the shortcuts currently in your toolbar. Press **OK**. Once added, you should see the padlock in your toolbar. Press the padlock to lock or unlock the document. Keep in unlocked mode only for text preparation. There is **no password protection**.