

**Sabbatical Leave of Absence Application
Faculty of the Sam Fox School of Design & Visual Arts
Washington University**

Faculty Name: _____

Academic Rank and College: _____

First Academic Year of Tenured Appointment: _____

Application for a Leave of Absence During the Academic Year: _____--_____

Sabbatical Leave Request:

Duration (check one): _____ Fall Semester _____ Spring Semester _____ Full Year

Salary (check one): _____ 100% _____ 50% _____ 0% _____ Other \$ _____

Compensation from Grant, if any: \$ _____ Name of Granting Agency: _____

Will the amount, above:
be paid directly to the faculty member, or

Will the agency, above,
pay fringe benefits in addition to the amount, above, or

be transferred to Washington University?

only pay the amount above, including fringe benefits?

Previous Leaves:

<u>Academic Year</u>	<u>Duration (Year, Fall or Spring Semester)</u>	<u>Salary (100%, 50% 0%, other)</u>

Please answer the following and note any additional explanations needed:

A. The faculty member has been in residence teaching at Washington University for at least six full academic years (twelve semesters) since a previous sabbatical leave, or if this is the first such leave, since joining this Faculty.

_____ Yes _____ No

B. The faculty member has a specific plan for research or other scholarly activity related to his/her position at Washington University.

_____ Yes _____ No

C. The proposed timing of the leave will not cause significant problems with the program or function of the faculty member's home department.

_____ Yes _____ No

Please see page two for authorizing signatures.

Sabbatical Leave of Absence Application (continued)

Please attach a proposal from the applicant indicating the plan for research and/or creative activity during the sabbatical leave.

Signature of Applicant

Date

Signature of applicant indicates that, in compliance with Paragraph 1.D. of the Academic Leave Guidelines, the applicant member will return to the Sam Fox School of Design & Visual Arts for at least the number of semesters he or she was on paid leave. Failure to do so will require the faculty member to reimburse Washington University the amount of gross compensation (including benefits and other payments and contributions) paid by the University during the leave of absence.

Recommendation of the College Dean: Please indicate on an attached page who else from the area may be on leave for this same academic year and what effect this leave will have on the College. Also address, whether the area will need temporary faculty for essential courses, or will regular faculty cover the courses, or will it be acceptable to omit courses?

Signature of College Dean

Date

Submit this form to:
Dean of the Sam Fox School
Campus Box 1213

THIS FORM MUST BE RECEIVED BY THE DEAN OF THE SAM FOX SCHOOL OF DESIGN & VISUAL ARTS BY JANUARY 15th TO BE CONSIDERED FOR THE NEXT ACADEMIC YEAR.

**Date received by the office
of the Dean of the Sam Fox School:**

Recommendation of the dean of the Sam Fox School:

Signature of the Dean of the Sam Fox School

Date