

SABBATICAL LEAVE APPLICATION

Board of Governors Rule 4.3

[Revised May 2018]

The following suggestions are based on observations of applications submitted in the last few years. Attention to these matters will help assure that review of an application is not delayed while the information is obtained. If you have questions about items not covered below, call Chris Staples at 304-293-9591.

1. Summary Sheet

Please note that participation in a sabbatical leave is considered twice each year: fall semester and full year participation are considered early in the spring semester; spring semester participation is considered in the previous summer.

2. Application

- A. Detailed answers must be provided for "Coverage of Duties," particularly with regard to teaching and advising duties.
- B. Detailed information is needed in the responses to "Leave Activities," particularly sections a, b, and h. Specific objectives, enough detailed information about your plan, and sufficient detail about the ways in which the institution will benefit from your leave must be provided so that it will be evident you have made careful and reasonable plans for this leave.

3. Agreement Form

One notarized agreement form is needed.

4. Sabbatical Leave Cost Form (to be completed by the Dean's Office)

- A. The cost of the salary is the salary that will be paid to the faculty member taking a sabbatical leave while on leave.
- B. The cost of replacement instructors is the cost, if any, of hiring persons to perform duties the faculty member would usually perform. A graduate assistant, for example, might be hired to teach one course of three credits at a cost of \$500 per credit hour for a total replacement cost of \$1,500. Another example would be an adjunct faculty member hired to teach two three-credit hour courses for a replacement cost of \$6,000. Using the required formula, this would be six credit hours at the cost of \$1,000 per credit hour for a replacement cost of \$6,000.

Support for these costs must come from the department and/or college. Funds are not available for this purpose from the Office of the Provost or the Office of the Vice President for Health Sciences.

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Name: _____

Signature: _____ Date: _____

Title/Position: _____

Department/Division: _____

College/Administrative Unit: _____

* In submitting this Sabbatical Leave application, I have read and agree to the provisions of West Virginia University Board of Governors Sabbatical Leave Rule 4.3. If you have not read Rule 4.3, please do so before completing this application. A copy of the rule may be viewed here.

Submitted for possible participation in:

July through December, OR the fall semester

Application due the previous spring semester:

- due January 4 in Chairperson's Office
- due January 14 in Dean's Office
- due February 1 in Provost/Vice President's Office

January through June, OR the spring semester

Application due the previous summer:

- due June 30 in Chairperson's Office
- due July 14 in Dean's Office
- due August 1 in Provost/Vice President's Office

July through June, OR the full nine-month or twelve-month academic year

Application due the previous spring semester:

- due January 4 in Chairperson's Office
- due January 14 in Dean's Office
- due February 1 in Provost/Vice President's Office

When a deadline falls on an official holiday or weekend, materials will be due by the end of the previous business day.

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Brief summary of plan of activity/purpose of the Sabbatical Leave:

Brief summary of benefit to the University:

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ELIGIBILITY

a) Are you a full-time equivalent (1.0 FTE) faculty member? _____ Yes _____ No

If 1.0 FTE are you; _____ Tenured _____ Tenure Track _____ Non-tenurable

b) How long have you held your present position?

c) What was the date of your first employment at WVU in a full-time position?

d) What was the date of your first employment at WVU, if it differs from the above?

e) Have you had a leave of absence without pay or other leave during that time?

_____ Yes _____ No

If yes, please specify type and time period of leave. _____

SALARY

a) What is your current salary? \$ _____ per year (Exclude UHA salary)

_____ 9-month contract _____ 12-month contract

Other, please specify _____

b) Given the guidelines of the Sabbatical Leave Program, what salary arrangements do you request?

Full pay for _____ months Half pay for _____ months

Other, please specify _____

c) What is the source of funding for your salary while participating in the Sabbatical Leave Program?

State appropriated _____ Grant _____ Contract Fees _____ Practice Plan _____

Overhead _____ Other, please specify _____

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d) If your salary support will come from a source other than state appropriated funds, please specify in detail on an attachment the funding source. Include documentation indicating the funding source has approved the use of the funds for this purpose or explaining why such approval is not required.

e) Do you have a grant or other financial assistance other than your salary that will help finance your Sabbatical Leave? Yes No

If so, name the source,

the period in which the financial assistance will be in effect, _____

and the amount \$ _____

Is this funding pending or already awarded ?

If pending, when you do expect to learn if the funding will be provided? _____

f) Are there any other costs associated with your program participation such as the hiring of replacement faculty/staff, travel costs, equipment costs, etc.? Yes No

If there are additional costs, please attach a statement identifying the amount and purpose of the expenditure and the funding source for the expenditure. This may need to be developed in consultation with your chair/department head.

COVERAGE OF DUTIES

In consultation with your chair/department head, develop and attach a description of the way in which your duties will be covered while you participate in a Sabbatical Leave. Please be specific and indicate the names of persons who will assume your duties, the nature of the duties they will assume, etc. If some of your duties will not be covered, please describe those duties and indicate the consequences of their not being completed.

VITA - Attach an up-dated vita.

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LEAVE ACTIVITIES

On no more than 4 - 6 attached pages, please describe the following (lettering each section appropriately):

- a) The specific objectives of your Sabbatical Leave;
- b) The plan for achieving the stated objectives, including the time schedule of events;
- c) Why participation in the Program is required if the objectives are to be achieved;
- d) Your qualifications for the proposed task, including information about your degrees and field of study;
- e) What program participation will accomplish for you and how the program activities relate to your long-range professional objectives;
- f) The impact your participation in this program may have on other units on campus;
- g) Documentation, where applicable, of an invitation to a research institute, laboratory, or other academic institution or setting;
- h) The ways in which the proposed work will further the goals of your unit and the University.

PREVIOUS LEAVE(S)/ PROGRAM PARTICIPATION

- a) Have you previously taken a sabbatical leave or participated in the professional development program at WVU? _____ No _____ Yes

If so, please respond to the following items.

- b) What were the initial and completion dates of the leave(s)/program?

Sabbatical leave: _____ - _____

Professional Development Program: _____ - _____

- c) Summarize the results of the leave(s), including the ways in which the goals of the University were advanced by the leave(s)/program. Attach a separate sheet of paper summarizing.
- d) List the publications, patents, or other products resulting from the previous sabbatical leave(s)/program. Attach a separate sheet of paper listing these.

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CHAIRPERSON/DIRECTOR COMMENT SHEET

Note: This sheet must be completed by the chairperson/director and attached to the Application before forwarding to the appropriate dean.

Applicant: _____

1. Do you favor a sabbatical leave for this applicant?

2. Do you support the proposal itself? Why or why not?

3. Who would assume the applicant's responsibilities while on leave? Will any responsibilities be unmet?

4. Are there any consequences for other units on campus of another person assuming the applicant's responsibilities or some responsibilities being unmet?

5. Other than the employee's salary and benefits, do you anticipate any other University expenditures associated with the leave if it is granted (e.g., travel, training fees, paid replacement)? Indicate the anticipated item, cost, and the source of funds that would be used.

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6. Are there other circumstances that either favor or disfavor the proposal? Please explain.
7. If the person has previously participated in a professional development program or sabbatical leave, please verify and comment on the results of such participation.
8. Should program participation be contingent upon any factors, such as the receipt of grant funding, etc.?
9. Was this request subjected to peer review? _____ Yes _____ No
If yes, please **attach** a summary of the results of that review.
10. How many other employees in this unit have applied for participation in a professional development program or a sabbatical leave during the time period of this application?
If more than one employee has applied, please attach a priority ranking of the applications.
11. What is this employee's assignment number? _____

Signature

Date

- * by signing you Approve _____ Not Approve _____ the sabbatical leave and the proposal based upon comments above. The preceding application for sabbatical leave proposes important research or creative scholarly activity which will substantially further the goals of the college/school and which meets the sabbatical leave requirements of West Virginia University as outlined in BoG Rule 4.3 and the Faculty Handbook.

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SABBATICAL LEAVE COST

This form is to be completed by the Dean's Office and attached to each sabbatical leave request to summarize the costs of that leave to the University. The following information should be used to calculate the cost to the institution of a faculty member's sabbatical leave.

Cost of salary for _____ one semester _____ two semesters _____ year: \$ _____

Cost of replacement instructors (Replacement instructors would include adjunct or part-time temporary faculty or graduate teaching assistants hired to replace the faculty member on leave. The cost is to be calculated by taking the number of credit hours to be taught and multiplying by the cost per credit hour) \$ _____

Total Institutional Cost \$ _____

Signature

Date

- * by signing you Approve _____ Not Approve _____ the sabbatical leave and the proposal based upon comments above. The preceding application for sabbatical leave proposes important research or creative scholarly activity which will substantially further the goals of the and which meets the sabbatical leave requirements of West Virginia University as outlined in BoG Rule 4.3 and the Faculty Handbook.

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SABBATICAL LEAVE AGREEMENT

This Agreement entered into by and between West Virginia University
(hereinafter referred to as "University"), and _____ .
(Faculty Member)

(hereinafter referred to as "Faculty Member"), pursuant to West Virginia Code 18-26-8d and
West Virginia University Board of Governors Rule 4.3 this

_____ day of _____, _____ .
(year)

WITNESSETH:

That for and in consideration of the obligations hereinafter assumed by the Faculty Member, the Board and Institution do covenant and agree to pay to the Faculty Member the salary he/she would have received for one half the contract period had he/she performed his/her regular duties at the Institution. The Faculty Member will receive the equivalent of salary for one half of the contract period whether his/her sabbatical lasts one half the contract period or a full contract period.

FIRST: The Faculty Member shall submit to the president or designee a detailed, written plan of activity which he/she proposes to follow while on sabbatical leave, which plan becomes a part of this Agreement. The plan may be amended at any time in writing, by mutual consent of the Faculty Member and the president or designee.

SECOND: While on sabbatical leave, the Faculty Member may not accept remunerative employment without the written consent of the president or designee. Fellowships, assistantships, or similar institutional stipends shall not be considered remunerative employment.

THIRD: Upon return from sabbatical leave and within sixty (60) days of resuming his/her faculty position, the Faculty Member shall file with the President or designee and provide copies to the Dean, Chair/Director, a written report of his/her scholarly activities while on leave.

FOURTH: Upon completion of sabbatical leave, the Faculty Member shall return to the Institution at which he/she taught prior to commencement of the sabbatical leave for a period of one (1) year and resume his/her duties or any duties assigned by the chairperson of his/her department or dean of his/her school. In the event the Faculty Member does not return to the Institution upon completion of sabbatical leave, he/she will repay the compensation received by him/her during the leave. If he/she returns for a period of less than one (1) year, the repayment shall be prorated accordingly. Should the Faculty Member fail to repay his/her obligation either by service or monetary repayment, the Institution may take legal actions necessary to recover the outstanding obligation.

FIFTH: This Agreement shall become effective on the date specified on page one (1) of this Agreement and shall continue for so long as the Faculty member's obligations to the Institution remain unfulfilled.

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SIXTH: This Agreement contains all the agreements, conditions, understandings, representations and warranties made between the parties hereto with respect to the subject matter hereof, and may not be modified orally or in any manner other than by an agreement in writing signed by all parties hereto or their respective agents.

Employee Signature

Date

STATE OF WEST VIRGINIA

COUNTY OF _____, to wit:

The foregoing person appeared before me this ____ day of _____, _____, swore that he/she is the person named herein, and affixed his/her signature to this Agreement; by

Notary Public
My Commission Expires _____

West Virginia University
Board of Governors on behalf
of E. Gordon Gee, President
West Virginia University by

Joyce McConnell
Provost and Vice President
for Academic Affairs

Date

* * * * *

STATE OF WEST VIRGINIA

COUNTY OF _____, to wit:

The foregoing person appeared before me this ____ day of _____, _____, swore that he/she is the person named herein, and affixed his/her signature to this Agreement; by

Notary Public
My Commission Expires _____