

Sabbatical Leave Application

Name: _____

Signature: _____ Date: _____

Title/Position: _____

Department/Division: _____

College/School: _____

*In submitting this Sabbatical Leave application, I have read and agree to the provisions of [West Virginia University Board of Governors Faculty Rule 4.3 Sabbatical Leave](#). If you have not read BOG Faculty Rule 4.3 and the [Sabbatical Leave FAQ](#), please do so before completing this application.

Sabbatical Application 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.

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-tenure Track _____

If you are tenure track, will you be at the associate rank and tenured at the time of the sabbatical leave? Yes _____ No _____ NA _____

If you are non-tenure track, will you be at the associate rank or equivalent at the time of the sabbatical leave? Yes _____ No _____ NA _____

* If you answered No to any question in letter a. above, you are not currently eligible for a sabbatical leave. Please contact the Executive Director for Academic Personnel if you have questions.

b. How long have you held your present position? _____

c. Date of your first employment at WVU in a full-time position? _____

d. 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 4.5 or 6 months _____ Half pay for 9 or 12 months _____

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

State appropriated _____ Grant _____ Other, please specify _____

- d. Do you have a grant or other financial assistance other than your salary that will help finance your Sabbatical Leave?

Yes _____ No _____ If yes, name the source _____

The period in which the financial assistance will be in effect _____ - _____

The amount \$ _____

Is this funding pending _____ or already awarded _____?

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

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. Are there any other costs associated with your program participation such as 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.

PREVIOUS LEAVE(S)/ PROGRAM PARTICIPATION

- a. Have you previously taken a sabbatical leave or participated in the professional development program at WVU?

Yes _____ No _____ If yes, please respond to the following items.

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

Sabbatical leave: _____ - _____

Professional Development Program: _____ - _____

COVERAGE OF DUTIES

In consultation with your chairperson/division director, 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 – Please update your curriculum vita in your Digital Measures faculty evaluation file.

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. Documentation, where applicable, of an additional funding source. Please include documentation indicating if the funding source has approved the use of the funds for this purpose or explaining why such approval is not required.
- i. 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.
- j. Summarize the results of the previous leave(s), including the ways in which the goals of the University were advanced by the leave(s)/program. Please list the publications,

patents, or other products resulting from the previous sabbatical leave(s)/program.

- k. The ways in which the proposed work will further the goals of your unit and the University.

CHAIRPERSON/DIRECTOR COMMENT SHEET

Note: This sheet must be completed by the chairperson/division 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?

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 list a priority ranking of the applications.

What is the employee's assignment number? _____

Chairperson/Division Director 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 Faculty Rule 4.3 and the Faculty Handbook.

DEAN COMMENT SHEET

Note: This sheet must be completed by the dean/director and attached to the application before forwarding to the appropriate vice president.

Applicant: _____

1. Do you approve a sabbatical leave for this applicant? Why or why not?

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

3. If more than one employee has applied, please list a priority ranking of the applications.

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. \$ _____

Total Institutional Cost \$ _____

Dean 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 Faculty Rule 4.3 and the Faculty Handbook.

If you do not approve of this application, are there alternative ways in which the goals could be achieved?

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.

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

Maryanne Reed
Provost and Vice President
of Academic Affairs

Date

* * * * *

STATE OF WEST VIRGINIA

COUNTY OF MONONGALIA, 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 _____