Application for Sabbatical Leave or Voluntary Leave of Absence Without Pay

Overview:

Employed Faculty are eligible for sabbatical or a voluntary leave of absence without pay to pursue scholarly activities, gain new skills and knowledge, and/or enhance their professional development. Faculty Members are expected to commit sufficient effort to complete the activities proposed for the sabbatical or leave of absence.

Please note that this form is not intended for the purposes of medical leave or other types of leaves (personal, jury, military, worker's compensation, etc.). Information may be found on these at the Office of Human Resources' intranet: Leaves of Absence - Home (sharepoint.com)

Date:									
Name:			Rank:						
Department:		Division:							
Date of employed appointment:									
Tenured:	Yes	No							
This application is a request for:									
☐ Sabbatica	I dates: from	to		;	or				
☐ Voluntary Leave of Absence Without Pay dates: from					to				

Sabbatical:

Eligibility- Per Section 5.6 of the Academic Personnel Policy (APP), all employed faculty are eligible for a sabbatical, except for Professionally-Salaried Faculty. Eligible individuals must have at least six years of full or part-time service as a UMass Chan Faculty Member, and must not have taken a sabbatical leave in the previous seven years.

Requests for sabbatical by Faculty employed by UMMH or a University-Approved External Foundation or Agency are subject to approval by UMMH or the external foundation or agency.

A subsequent sabbatical leave may not begin before an individual has completed full-time service for six years (72 months) since the end of the most recent sabbatical leave. If a sabbatical is one semester at half-pay, a subsequent sabbatical leave may not begin before an individual has completed full-time service for three years (36 months) since the end of the most recent sabbatical leave.

Sa	bbatical Application:
1.	Have you had a sabbatical within the past 7 years? Yes: ☐ No: ☐
2.	If yes- list previous dates of leave:
3.	Describe the activities proposed for the sabbatical. Include where your sabbatical will be conducted:
4.	Assess the importance of these activities to your career goals and the potential benefits to the Department and the School:
5.	Describe any scholarships, fellowships, grants, or other salaried employment or external compensation that the Faculty Member will receive during the sabbatical. Such compensated activities must not conflict with the Faculty Member's commitment to the activities proposed for the sabbatical:
6.	Faculty may request one of the following options for sabbatical:
	☐ Full salary for 6 months (which includes 2 weeks of vacation);
	☐ Half salary for 12 months (which includes 4 weeks of vacation); or
	☐ Half salary for two non-consecutive 6-month periods (each including 2 weeks of vacation).
7.	Sabbatical Report:
	I understand that, in accordance with <u>Section 5.6.e</u> of the Academic Personnel Policy, "Each recipient must submit, upon their return, a written report of their activities and the progress achieved on the goals of the sabbatical to the Provost's designee for faculty affairs and, as applicable, the chair, dean and director. This report must be evaluated in the Faculty Member's next APR."

Voluntary Leave of Absence Without Pay:

Faculty Member's Signature

Eligibility- In accordance with <u>Section 5.7</u> of the APP, faculty may choose to take a voluntary leave of absence without pay for reasons of advanced study and research, or in connection with temporary employment or service which will be of value to the Faculty Member and to UMass Chan Medical School.

Unpaid leave **will** affect your benefits including GIC insurances and retirement. For more information, contact the HR Benefits Team: benefits@umassmed.edu

LO	A Application:
1.	Describe the activities proposed for the leave of absence:
2.	Assess the importance of these activities to your career goals and the potential benefits to the Department and the School:
3.	Describe any scholarships, fellowships, grants, or other salaried employment or externa compensation that the Faculty Member will receive during the leave of absence. Such compensated activities must not conflict with the Faculty Member's commitment to the activities proposed for the leave of absence:
Foi	th Types of Leave: r both Sabbatical and Voluntary Leave of Absence Without Pay you may need to be in ntact with the following offices. Please consult with your department if you have questions:
	Office of Research (Grants Management)
	Office of Management (Conflict of Interest)
	BRIDGE (as applicable)
	If I am granted a sabbatical leave, I hereby agree to return to my employment at the University of Massachusetts Chan Medical School for a period of not less than one ful academic year following the year in which the leave is taken.
	I certify that this information is complete and correct.

Date

Review and Approval

Department Chair, Program Director or Tan Chingfen Graduate School of Nursing Dean:

I approve the reque	est for sabbatical or le	eave of absence a	s described above:	
Yes: No: No:				
Print name:				
Signature			Date	
Provost:				
Comments and det	ermination:			
Approval Status:	Accepted	Declined		
Signature			Date	
President of UMM	MG (if applicable):			
Approval Status:	Accepted	Declined		
Signature			Date	