

CLAREMONT GRADUATE UNIVERSITY

Application for Sabbatical or Leave of Absence

December 1 - Deadline to the Dean for the following academic year

(Please Print or Type)

Last Name _____ First Name _____ Initial _____

School _____ Program _____

• **Time of Leave Requested** Semester(s) _____ Year(s) _____

• **Number of Units (semesters) accumulated** _____ **Through what semester** _____

• **Type of Leave Requested** Sabbatical () Research () Leave Without Pay () Parental ()

• **Compensation Requested** Full Salary () 75% Salary () Half Salary () Without Pay () Other ()

• **Purpose of Leave** Research () Teaching () Consulting () Other ()

• **Time of Last Leave** Semester(s) _____ Year(s) _____

• **Type of Last Leave** Sabbatical () Research () Leave Without Pay () Parental ()

• **Compensation Last Leave** Full Salary () 75% Salary () Half Salary () Without Pay () Other ()

Please indicate: DOES NOT apply to Parental leave request.

1. where you plan to spend your leave;

2. the nature of specific project on which you will be working;

3. if you have a grant-in-aid or other such support, indicating the name and type of grant.

• **Provisions for Replacement**

1. Name of requested replacement _____

(Applies only to full year leave at half salary or leave without pay.)

2. Salary of requested replacement \$ _____ (Total of all costs including travel and benefits, if any.)

3. For any type of leave, explain any other provisions which must be made to provide adequate supervision of your students and coverage of your courses:

4. Please list all committees on which you are serving and for which you will need a replacement:

<u>Committee</u>	<u>Date Term Expires</u>	<u>Suggested Replacement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What provisions have been made to cover your administrative duties, if any, while you are on leave?

Signature of Applicant

Date

Notes:

1. This application for a sabbatical or leave of absence must be made to the Dean by December 1, and submitted by the Dean to the Provost by the first day of the spring semester for approval at the February Board of Trustees meeting. For late requests requiring approval at the May Board of Trustees meeting, the deadline for deans to submit to the Provost is April 15.
2. If the applicant is the program chair, his/her successor should sign the request.
3. Applicants should review the leave policy of CGU as printed in the Faculty/Institutional Handbook. Any requests for an exception to the stated policy should be included in a cover memo with this application.
4. Before the end of the first semester after return from a sabbatical, a two to three page report is to be filed with the Provost noting academic and professional activities during the sabbatical.

This application has the approval of the Graduate Faculty of _____ and all necessary provisions listed above have been met.

Signature of Chair

Date

Signature of Dean

Date

Signature of Provost

Date

Provost's Office Use

- Application received in Provost's Office _____
- Application returned to the Chair/Dean of the Graduate Faculty for the following reason(s):

Signature of Provost

Date

- Application was approved by the Board of Trustees on _____
- Applicant was advised by letter from the Provost on _____

c: School Dean
Human Resources
Faculty File

12/07