CLAREMONT GRADUATE UNIVERSITY
Application for Leave
December 1 - Deadline to the Dean for the following academic year
(Please Print or Type)

Last Name __________________________ First Name __________________ Initial ______

School _____________________________ Program _______________________

- Type of Leave Requested  
  - Sabbatical ( )  
  - Research ( )  
  - Leave Without Pay ( )  
  - Parental ( ) See page 3 attached.

- Time of Leave Requested  
  - Semester(s) ________________ Year(s) ________________

- Purpose of Leave  
  - Research ( )  
  - Teaching ( )  
  - Consulting ( )  
  - Other ( )

- Compensation Requested  
  - Full Salary ( )  
  - 75% Salary ( )
  - Half Salary ( )  
  - Without Pay ( )  
  - 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 ( )

REQUEST FOR SABBATICAL DELAY TO: _____________________________
REASON FOR DELAY: _____________________________________________
________________________________________________________________
________________________________________________________________

SABBATICAL/LEAVE:  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:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date Term Expires</th>
<th>Suggested Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
5. Prior to going on a leave it is your responsibility to talk with Human Resources about implications for your benefits and compensation.
6. If this is a parental leave, please review, sign, and return the Faculty Parental Leave Agreement with this application.

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

c: School Dean, Faculty File 5/2014
Claremont Graduate University

Faculty Parental Leave Agreement

Per Claremont Graduate University Parental Leave Policy dated July 1, 2003, it is expected that the faculty member receiving a parental leave will return to teach at Claremont Graduate University in the semester following the leave. If the faculty member does not return to teach after the leave, that faculty member will be responsible for reimbursement to the University of the leave semester salary. In the case of circumstances beyond a faculty member’s control, the requirement of repayment will be waived.

I, ______________________________, the faculty member have read and agree to said terms.

Print Name

____________________________________  ______________________________
Signature                                      Date