# History of Sabbatical Leave, Reassigned Time and Summer Stipends

Name

College Dept.

Campus mailing address

UCA phone number

Have you previously received sabbatical leave while employed at UCA? Yes No

If yes, list the terms and years (i.e. Fall 1999)

Have you previously received reassigned time while at UCA? Yes No

If yes, list the terms and years

Have you previously received a summer stipend while at UCA? Yes No

If yes, list the summer terms and years

***Please complete this form when requesting sabbatical leave, reassigned time and/or summer stipends. It should be attached to the front of the request****.*

# Sabbatical Leave Information

## Section I: Identification and Background Information

Name Rank

UCA address UCA phone

College Dept.

Tenured: Yes No Number. of year as full time UCA faculty

Year of last sabbatical

Term(s) for which sabbatical leave is requested

*I agree and am otherwise eligible to return to the University of Central Arkansas for at least one year immediately following the completion of this leave. Should I fail to return for the prescribed length of time, I will repay the amount of the compensation received from the University of Central Arkansas during my sabbatical leave period.*

*Signature Date*

## Section II: Project Description

A. ***Abstract:*** Provide a brief (no more than 250 words) abstract of the proposed project.

B. ***Background:*** Provide background information to enable the reader to fully understand the proposed project. Remember that readers may be unfamiliar with the topic.

C. ***Purpose/rationale:*** Describe the purpose and rationale for the project you wish to accomplish.

D. ***Preliminary work:*** Describe any preliminary work or studies which relate directly to the proposed project.

E. ***Project outcomes:*** List what you expect to be the end-product(s) of your project (example- a published book).

F. ***Funding and resources:*** Describe any arrangements you have made to secure needed resources, such as equipment, subjects, consultants, etc.

G. ***Timing:*** Provide a realistic timeline for the project. If possible, break the project down into steps with a time of completion for each step. Be as specific as possible about locations and dates. Describe any urgency or seasonal considerations.

H. ***Justification of need for sabbatical:*** Explain why a sabbatical rather than reassigned time or a summer stipend is necessary for the completion of this project.

I. ***ABBREVIATED CV:***Attach a CV of no more than 2-3 pages.

**Items A through I above must be included in order for the application to be considered by the committee. Incomplete applications will NOT be considered.**

***Section III: Department Chair Project Evaluation***

Please provide an evaluation of the sabbatical leave application in relation to individual, departmental and college goals.

**Department Chair Statement:**

|  |
| --- |
| Strength of Evaluation |
| Strongly Endorse Do Not Endorse  5 4 3 2 1 |

## Section IV: Department Chair Explanation of Arrangements

Please explain the arrangements that will be made to handle the duties of the applicant.

Signature Date

## Section V: College Dean Project Evaluation

Please provide an evaluation of the sabbatical leave application in relation to individual, departmental and college goals.

**College Dean Statement:**

|  |
| --- |
| Strength of Evaluation |
| Strongly Endorse Do Not Endorse  5 4 3 2 1 |

## Section VI: College Dean Assessment of Arrangements

Please review the arrangements suggested by the department chair to handle the duties of the applicant and indicate your assessment of the plan.

Signature Date