Sabbatical Leave Request

The applicant must complete §§ I and II, and the applicant’s department chair and college dean must complete §§ III–VI. Incomplete or unsigned applications will not be considered.

# Section I: Identification, Background, and Award History

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Rank | |  | |
| UCA address | |  | | UCA phone | |  |
| College | |  | | | | |
| Department | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tenured? (Type “x”) | Yes |  | No |  | |  | | |
| Number of years as full time UCA faculty: | | | | |  | | |  |
| Term(s) for which sabbatical leave is requested | | | | | | |  | |

## A. Agreement to Sabbatical Leave Terms

*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.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |

## B. Provide your history of sabbatical leaves, reassigned time, and summer stipends.

### 1. Have you previously received sabbatical leave while employed at UCA? (Type “x”)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

### If yes, list the term(s) and year(s) (e.g., Fall 1999) and summarize the results of the award(s).

### 2. Have you previously received reassigned time while at UCA? (Type “x”)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

### If yes, list term(s) and year(s), and summarize the results of the award(s).

### 3. Have you previously received a summer stipend while at UCA? (Type “x”)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

### If yes, list term(s) and year(s), and summarize the results of the award(s).

# 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 understand the proposed project fully. 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 (e.g., 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 three pages.

# Section III: Department Chair Project Evaluation

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

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

# Section IV: Department Chair Explanation of Arrangements

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

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|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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.

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| 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.

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|  |  |  |
| Signature |  | Date |