

State University of New York Oneonta
Sabbatical or Title F Leave Application

SABBATICAL LEAVE FORM

Name: _____

Type of leave: ___Sabbatical ___Title F with Pay ___Title F without Pay

Rank: _____ Department _____

Length of Leave Requested: x One Semester. ___Two Semesters

Beginning Date:

Are you on Continuing Appointment? ___yes ___no

Initial date of employment as faculty at a SUNY campus? _____

Initial date of faculty appointment at SUNY Oneonta? _____

Date of last sabbatical leave or other leave? _____

Other than personal resources and/or SUNY sabbatical salary, do you expect to receive any fellowships, grants, or other income during the leave period? ___yes ___no

If yes, please provide specifics of any external awards and award deadlines:

Sabbatical Leave is define by [Article XIII, Title E \(5\) of the State University of New York \(University\) Policies of the Board of Trustees](#), sabbatical leaves are "The objective of such leave is to increase an employee's value to the State University of New York and thereby improve and enrich its program. Such leave shall be regarded neither as a reward for service nor as a vacation or rest period occurring automatically at stated intervals." Further, "Sabbatical leaves shall be granted for planned travel, study, formal education, research, writing or other experience of professional value." Sabbatical leave is not defined as a time to create, modify or reconfigure a course(s).

The Faculty Information Guide (formerly Handbook) indicates that *Some* factors that will be considered in evaluating the leave are

- indication of the petitioner's serious interest in research;
- scholarly or creative activity as shown by performance to date;
- length of the petitioner's service since previous leave;
- value of the petitioner's project to the College;
- significance of proposed research;
- instructional coverage for essential department offerings.

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Attach the following:

1. A description of your sabbatical or leave plan (500-750 words) that includes the following:
 - a. For a sabbatical leave
 - i. Plan of research or scholarly work
 - ii. Explanation of how this project builds on your earlier scholarly work or why you may be opening a new field of inquiry
 - iii. If travel is required, tentative dates and overall funding plan
 - iv. Explanation of how the campus will benefit from the work
 - b. A description of your specific sabbatical:
 - i. Leave outcomes (maximum 250 words). The outcomes will be specifically linked to your end of sabbatical report.
 - ii. Plans for dissemination of completed work with timeline: include publishers, galleries, conference presentations, or other appropriate details.
 - c. For a Title F leave
 - i. Detailed plan for paid leave
 - ii. Explanation for and plan for unpaid leave
2. Attach copies of
 - a. Current c.v.
 - b. Report from most recent previous sabbatical (required)
 - i. Check here if no previous sabbatical _____
 - c. A replacement plan with estimated costs signed by your chair

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I will submit to my Department Chair and School Dean a report of the achieved accomplishments as outlined in my leave plans within 30 days of the end of my leave. I understand that this timely report is required even though I may still be away from campus, and that failure to submit a report may result in denial of a subsequent leave request. If approved by my Chair and Dean, my report will be sent by the dean's office to the Provost and subsequently the President for final review.

Because of limited office space, I understand that my office may be occupied by another faculty member while I am on leave. It is my responsibility to take appropriate measures to secure any personal property and state equipment that may be in my office or on state property in labs, studios, etc.

I understand that a faculty leave involves schedule implications and possible replacement costs. All leaves are at the discretion of the President. Accordingly, I agree that:

If my leave is to begin in the Fall semester, I will not alter my leave plans after February 1st prior to the date the leave is to begin.

If my leave is to begin in the Spring semester, I will not alter my leave plans after October 1st prior to the date the leave is to begin.

I understand that the acceptance of this leave obligates me to a minimum of one year's service as an employee as an employee of SUNY following the end of the leave period.

Applicant Signature _____

Approve Disapprove _____ Date _____

Department Chair Comments:

_____ Date _____

School Dean

Comments: _____

_____ Date _____

Provost

Comments: _____

_____ Date _____

President

Comments: _____

