

Emory College Faculty Leave of Absence Request Form

*Use this form to request leave of absence for faculty who are tenured, tenure-track, or lecture-track.
Submit to Susan Lee, Manager of Faculty Appointments, 400 Candler Library, slee05@emory.edu.*

This form is to be filled out by the chair in consultation with the person requesting leave.

1. Name of Person Requesting Leave _____

2. Department _____

3. Prior Leaves of Absence

a. Semester(s) of most recent leave. Do not include semesters in which the professor received only course release.

b. Type of most recent leave, e.g., sabbatical, post-tenure, etc.

c. Funding source for most recent leave, e.g., Emory College of Arts and Sciences, grant, etc.

d. Semester(s) of last *regular* (sabbatical) leave.

4. Current Leave Request

Faculty requesting sabbatical leave (including post tenure leave) must attach a 2-3 page proposal outlining the research and scholarly activities to be undertaken during the leave. Applicants for sabbatical leave also must make good faith efforts to secure external funds to support the leave, by making application(s) to potential external sponsors (external to Emory) of the planned activities. Assuming they contain sufficient information to document the research and scholarly activities to be undertaken during the requested leave, applications to external sponsors may be used as the proposal to College administration. Faculty requesting special leave must attach the proposal to an external sponsor as well as evidence of funding from the sponsor. All applications must be routed through the Office of Research Funding and Support. Refer to the 12/14/09 policies for applying for leaves and course releases for requirements

<http://www.college.emory.edu/documents/PoliciesforApplyingforLeavesandCourseReleases.pdf>.

a. Semester(s) of leave requested _____

b. Type of leave requested, e.g., sabbatical, post-tenure, etc. _____

c. Name(s) of potential external sponsor(s) and date(s) of application(s) _____

d. Percentage of salary applied for from external sponsor(s) _____

e. List anticipated costs associated with the leave that cannot be absorbed by the department _____

f. If an application to an external sponsor was successful, list the name of the funding agency and the amount funded. Attach evidence of funding. _____

g. Under which circumstances would leave not be taken? _____

5. Indicate How the Course(s) of the Individual on Leave will be Handled.

Number	Title	Projected Enrollment	Required for Major?	Who Will Teach?	Is a Temp Needed?	Replacement Cost for Temp

6. Chair's Recommendation

_____ Approve _____ Reject

Numerical ranking in terms of other requests for leave within your department _____

Percentage of the faculty in your department for whom you are requesting leave _____

Chair's Signature (required)