

# FACULTY REQUEST FOR APPROVAL OF SABBATICAL OR LEAVE WITHOUT PAY

June 6, 2008  
Revised

**Sabbatical Leave:** Sabbatical leave may be provided to UAB tenured-earning or tenured faculty holding the rank of assistant professor, associate professor, or professor. For each six academic years of full-time service, as defined by the faculty member's department and school, a member of the tenure-earning or tenured faculty is eligible to apply for paid sabbatical leave for one-half year at full pay or for one full year at half pay. Sabbaticals are not awarded automatically. Applications must be submitted at least six months, and preferably one year, in advance of the start of the leave. Applicants are required to submit a plan of activities along with this request. (See Section 7.4 of the *UAB Faculty Handbook* for additional information.)

When a faculty member is on sabbatical, whether on campus or away from campus, the faculty member is still under the employ of UAB and all policies in the *UAB Faculty Handbook, You and UAB Handbook*, and school handbooks apply. This includes the UAB Copyright, Consulting, Conflict of Interest, Conflict of Commitment, Patent, and Vacation and Sick Leave Policies. Approval of a sabbatical as indicated below certifies that this activity constitutes a UAB business purpose.

**Leave Without Pay:** After a faculty member has completed one academic year of continuous service, a leave of absence without pay of up to one year may be granted for justifiable reasons. This type of leave of absence is referenced generally as "Personal Leave." (See Section 7.5.1 of the *UAB Faculty Handbook* for additional information.)

NAME: \_\_\_\_\_ DATES OF REQUESTED LEAVE: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL/UNIT: \_\_\_\_\_ DEPT: \_\_\_\_\_ DIV: \_\_\_\_\_ EXT: \_\_\_\_\_

FACULTY RANK: \_\_\_\_\_ TENURED  TENURE-EARNING   
APPOINTMENT LENGTH: 9-MONTH  12-MONTH

ACADEMIC EMPLOYMENT SERVICE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ NUMBER OF YEARS SINCE LAST SABBATICAL: \_\_\_\_\_

TEACHING RESPONSIBILITIES COVERED: YES  NO

EXPENSES COVERED BY DEPARTMENT/SCHOOL: YES  NO  If yes, please specify and include estimated costs. \_\_\_\_\_

TYPE OF LEAVE BEING REQUESTED: \_\_\_\_\_

- Sabbatical – ATTACH STUDY PLAN**  
Check applicable boxes:  Without Pay  ½ Year, Full Pay  
 With Pay  1 Year, Half Pay

Will the sabbatical include foreign travel?

- No  Yes - Foreign Travel Request Form also must be completed.

- Leave Without Pay – PERSONNEL ASSIGNMENT CHANGE FORM ALSO MUST BE PROCESSED**

Reason for Leave: \_\_\_\_\_

Signature of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division Signature/Comments: \_\_\_\_\_

Department Recommends:  Yes  No \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Department Chair/Department Head Date

Approve:  Yes  No \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Dean, if applicable Date

Approve:  Yes  No \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Provost Date

Approve: \*  Yes  No \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
President Date

\* Presidential approval not required for Leave without Pay unless renewed beyond two years.  
Distribution: President's Office will send original form back to Provost's Office for distribution.