Application for Leave of Absence  
(to be submitted by applicant to Department Chair)

Sabbatical applications due November 15.  
Unpaid Leave applications due at least 6 months before start of leave.

Name and Title: __________________________________________________________  Date: __________
Dept: _________________________________________________________________  College: _________
Length of service at UNH, including present academic year: ________________

I. Type of leave requested: (check as appropriate and state relevant year)
1. Sabbatical: _____
   Leave with full pay (1 semester): Fall/year_________ Spring/year__________
   Leave with half pay (2 semesters): _______A cademic Year (Fall and Spring 2015-16)
                                 ________Calendar Year (Spring 2016 and Fall 2016)

2. Leave without pay: _____
   Duration: Fall/year_________ Spring/year__________ Other____________
   Do you request continuation of benefits: Yes* ________ No ________
   (*if yes, applicant must make arrangements with Benefits Office)
   Dean's signature needed for continuation of benefits: ____________________________________

II. Is any part of the leave contingent upon outside funding?   Yes _____  No ______
Before answering, please see Worksheet for P. 1#II. If applying for external funding, please indicate
the sort of funding and award announcement date. Please see worksheet to determine if you need to
apply for leave related to internal and external funding.

III. History of previous leaves at UNH. Note: the sabbatical clock begins at the start of the academic year after the
sabbatical. Leaves without pay normally stop the sabbatical clock.

   Date (e.g., Fall 1998, Fall & Spring 1998-99): ________________________________  Type of leave (e.g., sabbatical at full pay, hal
   half pay, no pay):
                                                                                     ________________________________
                                                                                     ________________________________
                                                                                     ________________________________
                                                                                     ________________________________

   Signature of Applicant: ___________________________________________  Date: __________
   Signature of Dept. Chair: ___________________________________________  Date: __________
   Signature of Dean: ________________________________________________  Date: __________
   Signature of Provost: _____________________________________________  Date: __________
I. In one sentence: What is the purpose of leave?

II. Use the remainder of this page to describe the project to be undertaken during the leave of absence. This should be a synopsis of the project comparable to a summary that might accompany an application.

Attach a copy of full, current Curriculum Vitae.
To be completed by the Department Chair

I. Please indicate the arrangements that will be made to provide the courses and services for which the applicant is normally responsible, specifying in detail any replacement costs that will be required. Note: one-semester sabbatical leaves do not free up any money for replacement teaching; in the absence of other funding, replacement staff may not be provided.

II. Please give your evaluation of the applicant's program for the proposed leave of absence. You should comment on both the substance of the project and how the leave might contribute to the professional development of the applicant. Comment also on the outcome of the most recent prior leave, if applicable.

Signature of Dept. Chair: ___________________________________________ Date: ________