

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): _____ Academic 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: _____
Dean's Signature

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, 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: _____