Application for Leave of Absence

(to be submitted to department chair by applicant)

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 preso	ent academic year:		
Type of leave requested: (check as approp 1. Sabbatical:	riate and state relevo	ant year)	
Leave with full pay (1 semester):	Fall/year	Spring/year	
Leave with half pay (2 semesters):	Fall/year	Spring/year	
2. Leave without pay:			
Duration: Fall/year	Spring/year	Other	
Do you request continuation of bene (*if yes, applicant must make arrange		No	
Dean's signature needed for continua	ation of benefits:		
		f leaves). Note: the sabbatical clock begins at the y and FMLA leaves normally stop the sabbatical clock.	
Date (e.g., fall 2019, fall & spring 2019-20):		ype of leave (e.g., sabbatical at full pay, half pay; FMLA)	
Signature of applicant:		Date:	
Verified: 6 years full-time service Pr	oposal qualifies	If applicable, report received after last sabbatical	
Signature of dean:		Date:	
Signature of provost:		Date:	

I. Attach a copy of full, current curriculum vitae.	
II. In one sentence, what is the purpose of this leave?	

III. 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.

To be completed by the department chair

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I. Please indicate the arrangements that will be made to provide the courses and service applicant is normally responsible, specifying <u>in detail</u> any replacement costs that will be Note : One semester sabbatical leaves do not free up any money for replacement teaching. In the funding, replacement staff may not be provided.	required.
II. Please give your evaluation of the applicant's program for the proposed leave of absorpment on both the substance of the project and how the leave might contribute to the development of the applicant. Comment also on the outcome of the most recent prior leaves on the outcome of the most recent prior leaves of the proposed leave of absorpment of the applicant.	ne professional
Signature of dept. chair:	Date: