



Application for Sabbatical Leave

Instructions: Please submit this completed form and all supporting information to your Chair (if applicable) who will then route it to your Dean and to the Office of Faculty Affairs for approval.

To be Completed by Employee

Name: _____ Email: _____

Rank: _____ Department/School: _____

Date of initial appointment at University of Miami: _____

Date of last sabbatical leave taken (if applicable): _____ to _____

Request

Sabbatical leave is requested from: _____ to _____

Sabbatical leave may be granted for one semester at full salary, or for one academic year or two consecutive semesters at two-thirds salary.

Source and amount of outside funding (if applicable)

Extramural Sources: _____

Intramural Sources: _____

Submit the following with this application:

- Detailed plan of activity during sabbatical leave.
- Updated curriculum vitae in standard University of Miami format.
- Report from last sabbatical leave (if applicable).
- Letter of support from Department Chair (if applicable).
- Letter of support from Dean.

Commitments to the University of Miami:

I understand that I am not permitted to engage in outside employment, including teaching for additional compensation, during my sabbatical leave without authorization from the Provost. In accepting sabbatical leave, I recognize my obligation to return to the University of Miami for one year following the leave. Within three months of my return, I will submit a report of my activities to my Department Chair and the Dean.

Signature (Click on box above and
sign with your digital ID)

Date

To be Completed by Department/School Section

Chair (if applicable)

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

Dean

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date

To be Completed by Office of Faculty Affairs

Vice Provost

_____	_____	_____
Print Name	Signature (Click on box above and sign with your digital ID)	Date