

Academic Leave of Absence/Sabbatical - Faculty Request Form

INSTRUCTIONS: After you have completed and **signed** this form, please submit it with all of the attachments listed below to your department chair for evaluation.

Note: Faculty who do not return from an approved leave/sabbatical will be required to reimburse the salary paid by BU (and not supported by external sources) during the time of leave/sabbatical. Any exceptions must be approved by the Office of the Provost.

Attachments: A detailed description of proposed leave/sabbatical plans including an explanation of how the leave/sabbatical will lead to professional growth, as well as a proposal, if appropriate, for obtaining outside funding.

Name (Last, First, MI)	University ID Number	Academic Year of LOA/SAB	
School/Department	Rank/Title		
Duration of Proposed LOA/SAB			
Academic Year	Semester I	Semester II	Calendar year
Type of LOA/SAB Requested			
LOA With Salary	LOA Without Salary	SAB for Sem. at Full Salary	SAB for Year at Half Salary
Summary Description of Proposed LOA/SAB plans			

List agencies to which funding applications have been submitted and/or sources of support for Paid LOA/Sabbatical Leave.

History of Approved LOA/SABs:			
<i>Academic Year</i>	<i>Duration</i>	<i>Type of LOA/SAB</i>	<i>Was LOA/SAB Taken?</i>

Please indicate your current citizenship/visa status:

US citizen

Foreign national under immigration sponsorship.

US permanent resident

Visa Type and expiration date:

Are you in the process of applying for US permanent resident status?

Yes

No

International faculty under immigration sponsorship may be subject to restrictions on leaves due to immigration regulations and must consult with the International Students and Scholars Office when submitting a leave request.

Initial Full-Time Appointment Date	Year Tenure Granted	Tenure Track Faculty: are you requesting deferment of your tenure review? Yes No
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RECOMMENDATION/APPROVAL

REQUEST FOR LEAVE OF ABSENCE/SABBATICAL	REQUEST REGARDING DEFERMENT OF TENURE REVIEW (requires Provost approval)	Faculty Member
Concur Dissent	Concur Dissent N/A	Chair Date
Concur Dissent	Concur Dissent N/A	Dean Date
	Concur Dissent N/A	Provost Date
		New Projected Tenure Review Year