REQUEST FOR SABBATICAL/EDUCATIONAL LEAVE

NAME __________________________ RANK/TITLE __________________________

COLLEGE _______________________ DEPARTMENT _______________________

LWOP ___________ EDUCATIONAL ___________ FULL YEAR ___________

SABBATICAL ___________ Fall Semester ___________ Spring Semester _______

Other __________________________________________________________

Date of Initial Appointment: _________________________________________

Dates and Types of Previous Leaves ____________________________________

______________________________________________________________

Number of Years of Full Time Service at URI: __________________________
(partial years of service are not cumulative and cannot be counted)

ATTACH A STATEMENT WHICH INCLUDES THE FOLLOWING INFORMATION:

I. Background for sabbatical/education leave proposal; specific intended outcomes of leave activity (short term and long term goals);

II. A specific outline of the sabbatical/education leave proposal, including dates, location of study, specific arrangements for laboratory space, studio space, or library facilities; and activities to be conducted;

III. Supporting materials: Letters confirming support or agreement to cooperate; an evaluation of the project if applicable; a bibliography relevant to the activity being prepared; and

IV. An updated resume limited to material related to the requested leave.

APPLICANTS SIGNATURE: ____________________________________________

DATE: __________________________
APPLICANTS FOR LEAVES (six copies) SHOULD BE FORWARDED TO THE VICE PRESIDENT BY FEBRUARY 1 AND TO THE ASSISTANT VICE PRESIDENT FOR HUMAN RESOURCE ADMINISTRATION BY MARCH 1 OF THE ACADEMIC YEAR PRECEDING THE LEAVE.

The following section is to be completed by the Supervisor:

EVALUATION OF THE PROPOSAL (include its worth and contribution to the department as well as the individual's professional growth).

WILL A REPLACEMENT BE NECESSARY? YES _____ NO _____

HOW WILL THE PROFESSIONAL ASSIGNMENT OF THE APPLICANT BE CARRIED OUT DURING THE PERIOD OF LEAVE?

SUPERVISOR'S RECOMMENDATION ________________________________

SUPERVISOR'S SIGNATURE ________________________________________

DATE __________________

DEAN/DIRECTOR/S RECOMMENDATION ________________________________

DATE __________________

PROVOST'S RECOMMENDATION ________________________________

PROVOST'S SIGNATURE ________________________________________

DATE __________________

PRESIDENT'S SIGNATURE______________________________

DATE __________________

HUMAN RESOURCE ADMINISTRATION______________________________

DATE __________________

September 1984
November 1985 (revised)