THE UNIVERSITY OF RHODE ISLAND

STAFF

REQUEST FOR SABBATICAL/EDUCATIONAL LEAVE

NAME	RANK/TITLE		
COLLEGE	DEPART	DEPARTMENT	
LWOP	EDUCATIONAL	FULL YEAR	
SABBATICAI	EFall Semester	Spring Semester	
	Other		
Date of Initial	Appointment:		
Dates and Typ	es of Previous Leaves		
(partial years o	ars of Full Time Service at URI: of service are not cumulative and ca TATEMENT WHICH INCLUDES	nnot be counted)	
I. Background	l for sabbatical/education leave pro e activity (short term and long term		
location	utline of the sabbatical/education le 1 of study, specific arrangements for facilities; and activities to be condu	r laboratory space, studio space, or	
an eval	g materials: Letters confirming sup uation of the project if applicable; a being prepared; and		
IV. An upda	nted resume limited to material rela	ted to the requested leave.	
APPLICANTS	S 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)