

### Sabbatical Leave Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
College and Department: \_\_\_\_\_ Title: \_\_\_\_\_  
Date of Continuing Appointment: \_\_\_\_\_ Years of Upstate Service: \_\_\_\_\_  
Sabbatical Leave Request: 6 or 12 months (please circle): From: \_\_\_\_\_ To: \_\_\_\_\_  
Have you been Granted a Sabbatical Leave in the Past? Yes No  
If Yes, Period of Last Sabbatical Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

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**Required:**

1. **Please attach a copy of your current CV to this request.**
2. **Please attach a description of proposed sabbatical project:** Describe the scholarly and research objectives to be accomplished, your particular qualifications for the proposed project, and the relevance of the project to the University's mission. The objective of this leave is to increase your value to the University and thereby improve and enrich our programs while furthering your own development.
3. **Please indicate any salary and/or other income you anticipate receiving during the leave period.**
  - a) \_\_\_\_\_ No income/salary other than sabbatical salary.
  - b) \_\_\_\_\_ Combined income/salary for academic year from University and non-University sources will not exceed full academic year salary.\*
  - c) \_\_\_\_\_ Combined income/salary from all sources will exceed full academic year salary.  
Please Note: Sabbatical salary will be reduced unless a waiver of the rule is approved.\*

\*Specify sources of income and amount (applied to both b & c): \_\_\_\_\_

*I understand that in requesting the above listed period of sabbatical leave, I agree to return to SUNY Upstate Medical University as a member of the professional staff for a period of one year from the termination of the leave and if I do not return I may be expected to repay any salary I received from SUNY Upstate Medical University during the leave period. I further agree to provide within six months of my return a detailed written report on my professional activities and accomplishments while on sabbatical leave.*

*I have read Article 13, Title E: Sabbatical Leave in the Policies of the Board of Trustees. I believe I meet the conditions for eligibility and agree to meet and fulfill all responsibilities of a sabbatical if the leave is granted.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Chair Recommended:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dean Recommended:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_