



# RECOMMENDATION FOR FACULTY SABBATICAL LEAVES (F-4)

For recommendations of sabbatical leaves for regular faculty and leave accounting designations

Date \_\_\_\_\_

Revision (circle changes)

## SECTION I. PERSONAL INFORMATION

Name \_\_\_\_\_  
*Last First MI*

Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_

Rank/Title \_\_\_\_\_

## SECTION II. LEAVE INFORMATION

for the period: Fall Term: Sept 1, \_\_\_\_\_ to Feb 1, \_\_\_\_\_  
 Spring Term: Feb 1, \_\_\_\_\_ to July 1, \_\_\_\_\_  
 Academic Year: Sept 1, \_\_\_\_\_ to July 1, \_\_\_\_\_

Leave Type: Check the type of leave requested. Will individual be out of the country?  Yes  No

Type of Leave	Fall Term			Spring Term			Academic Year			
	Full Pay	Partial Pay	W/O Pay	Full Pay	Partial Pay	W/O Pay	Full Pay	Half Pay	Partial Pay	W/O Pay
Regular Departmental Quota										
One-in-Six (OI)										
Bicentennial Preceptorship (BP)										
University Preceptorship (UP)										
Special* (SP)										
Chair's Leave (CH)										
Other** (OS)										

\* without pay or charged to general funds, including McCosh leaves; \*\* charged to restricted or research funds

## SECTION III. SALARY INFORMATION

Salary Allocation: Please specify the actual amounts and accounts to be charged here:

Fall or  Academic Year:

Spring

Period: \_\_\_\_\_ to \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_

Actual : \$ \_\_\_\_\_ or \_\_\_\_\_ % Pay

Actual : \$ \_\_\_\_\_ or \_\_\_\_\_ % Pay

Account(s) \$ or %

Account(s) \$ or %

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(the regular departmental leave account is 055-1xxx, where xxx is the departmental number)

#### SECTION IV. SUPPORTING MATERIAL

- A. The recommendation **must** be accompanied by a memorandum **from the faculty member** requesting the leave describing in detail the activities in which he or she proposes to be engaged during the leave. The memorandum should include, when appropriate, a brief description of the scholarly results of the last paid leave.
- B. Please provide the following on an attached sheet:
1. The period, type, and financial arrangements of the last leave taken (full or half year, quota or other, paid or unpaid, etc.).
  2. A brief assessment of the purpose of this leave and its value to the individual and the department.
  3. An explanation of how the individual's responsibilities for teaching, graduate student supervision, and sponsored research would be covered should the leave be granted.

**Please note that this form will be returned to the department if it does not include all pertinent information, including required attachments. This form should originate in the faculty member's home department.**

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Action by Office of the Dean of the Faculty

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Chair of Department / Chair of second Department (if joint appointment)