

Route this form to:	U Wide Form UM 6
See Routing Instructions Below	
	Rev: 3/07

Faculty Sabbatical

1. Complete Faculty Sabbatical Form and submit to department head.
2. If request is recommended by department head/chair, submit form to Dean/Vice Chancellor.
3. If request is approved, provide signed copies to: Dean/Vice Chancellor Department
4. Enter approved leave information into PeopleSoft prior to the beginning of the sabbatical.

For more information, see the Board of Regents Policy: *Employee Development, Education, and Training* at http://www1.umn.edu/regents/policies/humanresources/Employee_Develop_Educ_Training.pdf, the University Administrative Policy: *Granting Faculty Development Leaves and Administrative Procedures* at <http://www.umn.edu/ohr/policies/leaves/facleaves>, and the *Faculty Sabbatical Supplement Program* at <http://academic.umn.edu/provost/faculty/leaves.html>.

Name		Empl ID	
Rank or Title		Job Code	
Department		College	
Start Date of Requested Leave		End Date of Requested Leave	
Annual Full-Time Base Salary	Basic Term of Appointment	9 to 10 mo. term paid over 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appointment Type <input type="checkbox"/> Tenured (P) <input type="checkbox"/> Annually Renewable (K) <input type="checkbox"/> Clinical Scholar (I) <input type="checkbox"/> Multiple-Year Contract (J) <input type="checkbox"/> Yearly Appt –Med School (W)			
List the six years' service and rank held at the University of Minnesota for eligibility. If prior credit for service at another institution is used, attach documentation of credit:			
Dates of previous sabbaticals or leaves (including single quarter or single semester leaves):			
Reasons and plans for sabbatical, including place(s) where sabbatical is to be spent – attach additional information if necessary:			

- I will submit a report on my sabbatical leave to the department head/chair and college dean/campus vice chancellor within three months of returning.
- In the event that I do not return to the University of Minnesota for a period at least equal to the period of the leave, I agree to the following terms except in the case where a waiver is granted:
 1. I will reimburse the University of Minnesota for any salary paid during the sabbatical leave, and
 2. I will reimburse the University of Minnesota for its share of the retirement contributions and insurance premiums paid during the sabbatical leave.

Requested in accordance with the Board of Regents Policy: *Employee Development, Education, and Training* and the University Administrative Policy/Procedures: *Granting Faculty Development Leaves*

Signature		Date	
Prepared By	Campus Address	Phone Number	Date

Recommended – (Provision for the applicant's work will be made within the funds of the department.)

Department Head Signature	Date
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Approved

Dean/Vice Chancellor Signature	Date
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