

STATE UNIVERSITY COLLEGE
FREDONIA, NEW YORK

APPLICATION FOR LEAVE:

(Before completing this application, applicants should read carefully all material pertaining to leaves in the current issue of Policies of the Board of Trustees of State University.)

Name _____ Social Security No. _____
(First) (Last)

Rank _____ Department _____

Current Salary _____

BASIS OF ELIGIBILITY: (See current edition of Policies of the Board of Trustees.)

Date of full-time appointment within SUNY _____

Date of continuing appointment _____

Date of last sabbatical, if any _____

TYPE OF LEAVE REQUESTED:

_____ Sabbatical _____ Other (Title F):

_____ With Pay

_____ Without Pay

TERMS AND CONDITIONS:

1. Proposed period of leave (indicate year):

() Fall Semester _____

() Spring Semester _____

() Academic Year _____

2. Do you expect to earn any income during your leave to assist in accomplishing its purpose? _____ Yes _____ No

If "yes" indicate the source and amount of such income:

<u>Source</u>	<u>Description</u>	<u>Amount</u>
_____ Fellowship		
_____ Grant-in-aid		
_____ Research appointment		
_____ Teaching appointment		
_____ Other		

Name _____

PURPOSE:

3. Check the purpose for which leave is being requested:

- | | |
|---|--|
| <input type="checkbox"/> Travel | <input type="checkbox"/> Research |
| <input type="checkbox"/> Study | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Formal Education | <input type="checkbox"/> Other (specify) |

4. Provide here a brief abstract of the purpose of the leave and the program to be followed during the leave period. On separate sheets, provide a detailed statement and add supportive documentation (e.g. copy of fellowship award, letter of appointment as research associate, acceptance at an institution of higher learning, etc.) Any change in this program (following its approval) must be approved by the appropriate campus office (Chair or Dean) as soon as such need is known.

ACKNOWLEDGMENT:

It is understood, in applying for this leave, that:

- a. The objective of the leave is to increase my value to the University.
- b. It is my intention to continue as a member of the academic/professional staff of this campus upon my return. If I do not return to the campus for one year, I agree to repay the college for all salary received while on leave.
- c. I shall submit a report of my accomplishments while on leave (within three months of my return) to my Chairperson, Academic Affairs and the President.

Date

Applicant's Signature

(To be completed by Department Chair or in the case of a Chair, by the appropriate Dean.)

I (do) (do not) endorse this application for the following reasons:

The applicant's teaching (or supervisory) responsibilities will be fulfilled during his/her absence in the following manner:

Additional funds required to permit fulfillment of the responsibilities outlined above during the leave period are: _____. If none, write "none"; if funds are being requested, explain their use.

Date Signature of Department Chair or Dean

Approved: _____

Date Signature of Dean

Date Signature of Vice President

(Original to be forwarded to Office of the President with appropriate signatures; copies to be retained by Department Chair, Dean and Vice President.)