



REQUEST FOR SABBATICAL LEAVE

Date:

Name:

UNM ID:

Rank:

Department:

Date of Hire:

Date of Tenure:

Last Sabbatical Leave Taken:

No Prior Sabbatical Leave Taken

Sabbatical Leave Request For:

Academic/Fiscal Year

Semester

Actual Leave Dates

With (Check one)

Full Pay

2/3 Pay

2/3 Pay with additional compensation*

*I expect to receive additional earnings beside the UNM faculty salary which I am paid under sabbatical policy. This additional compensation will not exceed the other 1/3 of my salary. My sabbatical plan, attached, states the sources of funding and indicates how the compensated activity is consistent with the sabbatical program.

Source of additional funds

Expected additional amount

I understand that compensation from a grant or contract requires written agency approval (on file) as well as UNM approval. Finally, if my compensation plans change, I agree to file an amended statement with the Office of the Provost and provide copies to my Dean and Department Chair.

Per the Faculty Handbook Policy C200, Section 3 and Unit 1 Collective Bargaining Agreement Article 11, Section D, I will at the completion of my sabbatical return to the University for a period of service at least as long as the duration of the leave

Faculty Signature (Use Fill and Sign)

Date

Included in this request:

- Section I Sabbatical Leave Form
Section II Explanation of Financial Reimbursement, if requesting additional compensation
Section III A detailed statement of planned activities for the sabbatical leave
Section IV Department Chair's Memo (Department plan for covering affected courses)
Section V Memo documenting Departmental Review Committee's recommendation
Section VI A description of current teaching, scholarship and service activities
Section VII Previous Five-Year Workload Report (Report for five years preceding period of request) Optional
Section VIII Letter of invitation/Confirmation (if applicable)
Section IX Current Curriculum Vitae
Section X Copy of Last Sabbatical Leave Report (if applicable)

RECOMMENDATIONS:

_____	_____	Approved
Department Chair	Date	Denied
_____	_____	Approved
Dean/Designee	Date	Denied
_____	_____	Approved
Branch Chancellor (if Applicable)	Date	Denied
_____	_____	Approved
Provost/Designee	Date	Denied
_____	_____	Approved
President	Date	Denied

Policies and Procedures:

- Faculty Handbook C200 Sabbatical Leave (<https://handbook.unm.edu/c200/>)
- Unit 1 Collective Bargaining Agreement: Article 11 (<https://provost.unm.edu/faculty-unionization/docs/collective-bargaining-agreement-unit-1.pdf>)

OAP Use Only
Notes for HRTC
Effective Date
End Date
Job Change Reason