

IMSA Application for Sabbatical Leave

I read and understood the obligations required of me to take a sabbatical leave as outlined in the sabbatical leave policy, procedures, and timeline. I understand a sabbatical may not be approved at the time I request it even though it may have merit.

Name:

Position:

Signature:

1. Requested Start Date of Sabbatical Leave
2. Requested End Date of Sabbatical Leave
3. Are you Faculty, Director-level or higher, or Other staff?
4. For Faculty: Will it be a full leave or partial? 1, 2, 3 or 4 classes? (*Full year at 50% pay or 1 semester at 100% pay*)
5. For Director-level or higher: Will it be full leave or partial? (*6 weeks at 100% pay or 12 weeks at 50% pay*)
6. For other Staff: Will it be full leave or partial? (*4 weeks at 100% pay or 8 weeks at 50% pay?*)
7. Will there be any compensation earned during the requested sabbatical leave for sabbatical related activities outside of your regular IMSA compensation?
8. What is the intention for taking Sabbatical Leave? Please describe your desired goals and outcomes and what you hope to bring back to IMSA.

To be completed by employee with possible input from supervisor:

9. Please attach a list of duties that will need to be covered during the leave and a proposed plan of how those duties will be covered (*identify staff who will cover your duties*)

For supervisor, use the rubric on the next page to evaluate this request.
Do you approve of the employee's proposed sabbatical leave?

Yes No

Supervisor Signature: _____ Date: _____

For HR, please answer the following questions:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Is employee in good standing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Does employee have 7 years of service? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. If applicable, date of employee's last sabbatical leave? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

HR Representative Signature: _____ Date: _____

Please turn in this completed form to the President's Office **by October 31st.**

Employee Signature: _____ Date: _____

Name of Applicant: _____

Date of Review: _____

Name of Reviewer: _____

IMSA Sabbatical Evaluation Criteria

Criteria

Clearly articulated Personal and/or Professional benefits	Objectives are not present	Objectives have merit and are achievable; Plan is reasonably formulated	Objectives have strong merit; plan will enrich applicants career growth
Clearly articulated activities	Activities are not evident/present	Activities are present and thought out	Clearly thought out and defined activities; Will enhance work and growth
Clearly articulated outcomes	Outcomes are vague or not articulated	Outcomes are evident and have moderate relevance	Outcomes are clear, relevant, and show impact
Knowledge and experience gained will enhance work	Not evident	Cursory description for how knowledge & experience will be used	Detailed description for how knowledge & experience will be used
Work supports the mission of the Academy	Not evident	Activity is linked to the mission and goals of the Academy	Strongly linked to the mission and goals of the Academy; Will significantly add the the body of knowledge in field
Length of Service	NA	7 continuous years at full-time	7+ continuous years at full-time
Proposed date is appropriate	Proposed date will conflict with duties to the office or to the academy	Proposed date will cause some disruption in duties to the office or to the academy	Proposed date will cause no disruption to duties to the office or to the academy
Benefits to the academy	Benefits to the academy is not evident	Includes minimal information demonstrating benefits to the academy	Includes significant information demonstrating benefits to the academy
Staff/Faculty Performance	Below average work performance	Average work performance	Consistently high to excellent work performance