

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 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:

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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)*

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If duties are being covered by another department:

- Has the supervisor of that department agreed to taking on the additional work? Y/N
- Anticipated budget considerations required to take on work:

To be completed by Cabinet member

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For Cabinet member of outside department, do you approve your department taking on this additional sabbatical leave work as indicated above: Y/N

Cabinet Signature: _____ Date: _____

For supervisor, do you approve of the employee's proposed sabbatical leave? Y/N

Supervisor Signature: _____ Date: _____

For HR, please answer the following questions:

1. Is the employee in good standing? Y/N
2. Will the employee have 7 years of service at the time of requested leave? Y/N
3. If applicable, date of employee's last sabbatical leave?

HR Representative Signature: _____ Date: _____

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