FACULTY LEAVE APPLICATION

Name: ________________________________________________ Title ________________________________________________

Department(s): __________________________________________________________

Type of Leave requested: Duration of leave:

☐ Sabbatical* (tenured faculty) ☐ Semester I (fall) 2016

☐ Post Tenure Sabbatical ☐ Semester II (spring) 2017

☐ Scholarly Leave (lecturers/ senior lecturers) ☐ Academic Year 2016-2017

☐ Leave without Pay ☐ Other ______________________

Sabbatical pay requested (percent)*: ___________________________

Date and type of last leave: __________________________________________

The DOF requires that all faculty submit a sabbatical report upon returning from paid leave. If you did not submit a sabbatical report after your last sabbatical, please attach one to this request.

On a separate sheet, please provide a one-page description of the academic purpose of this leave.

If you will be at another institution, please indicate where you will be and corresponding title (if any):

If you have applied or anticipate applying for any fellowships or grants, please list them along with anticipated funding levels and notification dates.

* Under the sabbatical policy effective as of July 2008, a tenured faculty member may be eligible for a sabbatical for one semester at 75% of salary after six semesters in residence. Following twelve semesters, the faculty member may request either a sabbatical for an academic year at 75% of salary, or a sabbatical of one semester with full salary. For details of eligibility, consult the Dean of Faculty’s website.
Please list your regular course offerings, and describe the arrangements that have been made (in consultation with the department chair) for them in your absence.

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<tr>
<th>Course and Semester</th>
<th>Arrangements Made</th>
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Please describe arrangements that have been made for continuation of your graduate and undergraduate advising responsibilities, including responsibilities for graduate students under your direction.

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In applying for this leave, I am aware that it is subject to the following terms and conditions and agree that my leave will comply with these terms and conditions:

• A faculty member may not hold a second, regular (tenure-track or tenured) appointment at another university, concurrently with the appointment at Brown.
• A faculty member on sabbatical may not receive compensation for services at another institution, except that on a sabbatical at less than full salary, a faculty member may request permission to teach or work elsewhere.
• Leaves of more than one year may be granted only in exceptional circumstances. Any leave of absence from Brown University may not extend beyond two consecutive years.
• If a faculty member is serving as the Principal Investigator, Co-Principal Investigator or Project Director on a grant or contract at the time leave is requested, the faculty member must contact their contract administrator in OSP (x3-2777) to review applicable sponsor requirements regarding a leave. Note that federal regulations require prior agency approval if there will be an absence for more than three months, or a 25 percent or greater reduction in time devoted to the project, by the approved Project Director or Principal Investigator. Note also that the university’s intellectual property policy continues to apply to faculty while on leave.
• It is a faculty member’s responsibility to contact the Benefits Office to determine any consequences leave status might have on University-provided benefits. Arrangements to continue benefits during a leave may require direct payment to the University during the leave.
• Leaves with pay (sabbatical leaves or leaves on special assignment) are provided as an investment in a faculty member’s future professional contributions to the University. Accordingly, a faculty member on any kind of paid leave is required to return to active teaching duty for at least one year following completion of the paid leave. Failure to do so may result in liability for reimbursement to the University for the salary and benefits paid by the University during the period of the leave.

Any exceptions to the above rules must be approved in writing by the appropriate dean.

Please sign and give to your department chair (or chairs, if you have a joint appointment) for approval, and have them forward the signed form to the appropriate dean. If you have a joint appointment, please send a copy of the signed form to your second department chair.

Signature                      Date

Department Chair               Date

Dean                           Date