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**U Wide Form**

UM 6

**Rev:** 09/2022

# Faculty Sabbatical Leave Form

## Complete Faculty Sabbatical Form and submit to department head.

1. *If request is recommended by department head/chair, submit form to Dean/Vice Chancellor.*
2. *If request is approved, provide signed copies to:* *☐ Dean/Vice Chancellor* *☐ Unit/Department*
3. *Enter approved leave information into PeopleSoft prior to the beginning of the sabbatical.*

*For more information, see* Board of Regents Policy: [*Employee Development, Education, and Training*](https://regents.umn.edu/sites/regents.umn.edu/files/2019-09/policy_employee_development_education_and_training.pdf), and the University Administrative Policy: [*Faculty Development Leaves*](http://policy.umn.edu/hr/facleaves)

|  |  |
| --- | --- |
| Name      | Empl ID |
| Rank or Title | Email Address |
| Unit/Department | College |
| Start Date of Requested Leave | End Date of Requested Leave |
| Base Salary  | Appointment Term☐ 9-month ☐ 12-month | 9 to 10 mo. term paid over 12?☐ Yes ☐ No  | Appointment Type☐ Tenured ☐ Contract  |
| List the six years’ service and rank held at the University of Minnesota for eligibility. If prior credit for service at another institution is used, attach documentation of credit: |
| Dates of previous sabbaticals or leaves (including single semester leaves): |
| Reasons and plans for sabbatical, including place(s) where sabbatical is to be spent – attach additional information if necessary:     |

* Faculty members must file with their department and college a summary report of the work done while on leave. The report is to be submitted in Works, the University’s faculty activity reporting system ([works.umn.edu](https://works.umn.edu/)), on the first annual activity report after returning to service.
* In the event that I do not return to the University of Minnesota for a period at least equal to the period of the leave, I agree to the following terms except in the case where a waiver is granted:
1. I will reimburse the University of Minnesota for any salary paid during the sabbatical leave, and
2. I will reimburse the University of Minnesota for its share of the retirement contributions and insurance premiums paid during the sabbatical leave.

**Requested in accordance with the Board of Regents Policy: *Employee Development, Education, and Training* and the University Administrative Policy/Procedures: *Faculty Development Leaves***

|  |  |
| --- | --- |
| Faculty Signature | Date  |

#### Recommended

|  |  |
| --- | --- |
| Unit Head Signature | Date       |

**Approved**

|  |  |
| --- | --- |
| Dean/Vice Chancellor Signature | Date  |

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