

(The Senate and Senate Committees should use the following form for officially communicating recommendations to the Provost. Such committees would include: UCC, UPC and Executive Committee of the Senate along with any other committees which provide recommendations directly to the Provost.)

Senate Recommendation to the Provost

Originating Body Faculty Welfare Committee Originator Lisa Seldomridge

Date submitted _____ Requested Effective date 8/15/02

Recommendation: adoption of revised Sabbatical Request Forms Parts A & B and Procedure on Sabbatical Leave. Senate approved above in March 2002 _____

Attach any supporting documentation.

Action Taken by Provost:

Date 8/22/02

☒ Recommendation Accepted ☐ Recommendation Not Accepted

☐ Recommendation returned to Originating Body for further review (see attached)

Disposition for Approved Recommendation:

☒ President
☒ Faculty Senate Chair
☐ Forum Chair
☐ Webmaster
☐ Catalogue Editor
☐ Student Handbook Editor
☒ Faculty Handbook Editor

☐ VP Student Affairs
☐ VP Finance
☒ School Deans
☐ Graduate Council
☐ Provost Council
Other: _____

Sent
8/22/02

**Salisbury University
Sabbatical Leave Form Part A
Application**

APPLICANT'S PERSONAL INFORMATION

Name _____ Rank _____
Department _____ School _____
Date employed full-time at Salisbury University (month/year) _____

APPLICANT'S LEAVE INFORMATION

Is this your first sabbatical leave from Salisbury University? ☐ Yes ☐ No

Indicate semester(s) and academic year of last sabbatical leave: _____

Indicate semester(s) and academic year for which leave is requested: _____

List by semester and year the six years of full-time teaching that qualify you for a sabbatical:

**DESCRIPTION, LIKELY OUTCOMES, AND LIKELY BENEFITS
OF THIS SABBATICAL LEAVE**

Please address each of the following on a separate page or two, as is necessary:

1. The description (including the nature, purpose and location) of your proposed sabbatical leave project.
2. The outcome(s) you expect from your project. If you anticipate you will produce presentations or publications, please indicate possible audiences.
3. The expected benefits of your project to you (professionally), to your students, to your department, to your school, and to the university.

STATEMENT OF FINANCIAL GAIN

I understand that financial gain is strictly prohibited with the exception of support for the sabbatical project or compensation for occasional consulting services during the sabbatical. I agree to comply with the guideline restrictions regarding employment during sabbatical leave and recognize that I am obligated to fulfill my university contract at the end of my sabbatical leave.

Signature of Applicant

Date

DEPT. CHAIR'S EVALUATION:

☐ Recommended ☐ Not Recommended

(If the applicant is a department chair, the School Dean must complete this evaluation.)

On a separate page evaluate the **description, likely outcomes, and likely benefits** of the applicant's sabbatical request and indicate **how the faculty member's duties will be covered during the sabbatical leave.**

Signature of Chair

Date

DEAN:

☐ Recommended ☐ Not Recommended

Comments:

Signature of Dean

Date

FACULTY WELFARE COMMITTEE'S ENDORSEMENT: ☐

Comments:

Signature of Chair of Faculty Welfare Committee

Date

PROVOST:

☐ Recommended ☐ Not Recommended

Comments:

Signature of Provost

Date

PRESIDENT:

☐ Approve

☐ Disapprove

Comments:

Signature of President

Date

Salisbury University
Sabbatical Leave Form Part B
Final Report

PERSONAL INFORMATION

Name

Rank

Department

School

Semester(s) and academic year of the sabbatical leave: _____

On a separate sheet, please address the following topics using as much space as needed to provide a complete report.

1. Describe your sabbatical project. If it differed from your original proposal, discuss briefly how the new project evolved. Indicate when, where and how long each activity was undertaken.
2. What outcomes did you achieve? What do you still expect to accomplish as a result of this project?
3. How did the sabbatical leave benefit you professionally? How did it or will it benefit your students, your department, school and the university?

Please attach this form to your report and deliver it to your department chair for his signature (on the reverse side of this form).

Each person who signs this form will forward it to the person who signs it next.

Signature of Faculty Member

Date

DEPT. CHAIR:

☐ Received

Comments:

Signature of Chair

Date

DEAN:

☐ Received

Comments:

Signature of Dean

Date

FACULTY WELFARE COMMITTEE:

☐ Received

Comments:

Signature of Chair of Faculty Welfare Committee

Date

PROVOST:

☐ Received

Comments:

Signature of Provost

Date

PRESIDENT:

☐ Received

Comments:

Signature of President

Date

6. Faculty who wish to make revisions, modifications or additions to their sabbatical leave proposals must submit such changes for approval to their department chairs, deans, the Faculty Welfare Committee and the provost.

6. ~~A~~ When faculty have completed a sabbatical leave they submit the completed original of Sabbatical Leave Form Part B-Final Report to their chair who signs it acknowledging its receipt and forwards it to the dean of the school. The dean signs, forwards it to the Faculty Welfare Committee whose chair signs and sends it to the provost. The provost sends the document to the President for its final signature. Completed Sabbatical Leave Forms Part B must be submitted to the department chair by October 15 for spring sabbaticals and March 15 for fall sabbaticals.

When faculty have completed a sabbatical leave they submit the completed original of Part B of the Sabbatical Leave Form with four copies to the Faculty Welfare Committee and copies to the department chair or equivalent, the dean of the school, the provost and the president. The committee then forwards copies of Part B to the faculty member's department chair, school dean, the provost and the president of the university.

8. Within six months after returning from sabbatical leave, recipients must file with their department chairs or the equivalent and the Faculty Welfare Committee a report summarizing activities undertaken during the sabbatical leave and the extent to which these activities fulfilled the goals of the project as described in the leave request.

Approved FWC 2/19/02

From: David Buchanan
To: McKenzie, Charles
Date: 8/22/02 2:14PM
Subject: Fwd: Revised Sabbatical Request Procedure and Forms

This follows up on Senate Approval of Welfare Committee Recommendation for Changes in Forms for Sabbatical Leave Applications. IF my electronic approval didn't come through, let me know and I'll send hard copy. Dave

David H. Buchanan
Provost
Salisbury University
1101 Camden Ave.
Salisbury, MD 21801-6860

EMail: dhbuchanan@salisbury.edu
Phone: (410) 543-6020
FAX: (410) 548-2587

CC: Cohea-Weible, Sandra; DP Group; Nichols, Priscilla; Seldomridge, Lisa

From: Lisa Seldomridge
To: Buchanan, David
Date: 8/13/02 4:04PM
Subject: Revised Sabbatical Request Procedure and Forms

Dave,

The attached were approved by the Senate in March 2002 but may not have been routed through your office. I had sent them to Sandra Cohea-Weible earlier this spring but wanted to use the "official" routing mechanism. The procedure is written as a draft so that the changes are evident. Please advise if you need further information. Thanks, Lisa

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Senate Recommendation to the Provost

Originating Body Faculty Senate
Originator C. Richard McKenzie

Date submitted 10-23-02 Requested Effective date
immediately 10.30.02

Recommendation See -

The Faculty Senate er This was left on Debbie

The Faculty Senate recom Henryweather's desk.
The motion passed: 13 for Is it to come to our use be designated as smoke-free.
office?

Attach any supporting Jude Mailed
11/1/02

Action Taken by Provost 125/02

☒ Recommendation Accepted ☐ Recommendation Not Accepted

☐ Recommendation returned to Originating Body for further review (see attached)

Disposition for Approved Recommendation:

☐ President
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