

**West Virginia University at Parkersburg**

**SABBATICAL LEAVE APPLICATION**

## **Suggestions for completing Sabbatical Leave Application**

1. Summary Sheet

Please note that sabbatical leaves are considered once each year, early in the spring semester.

2. Application

A. Detailed answers must be provided for Item 3 (Sabbatical Leave Application for Faculty- Page 2) "Coverage of Duties," particularly with regard to teaching and advising duties.

B. Detailed information is needed in the responses to Item 5, (Sabbatical Leave Application for Faculty-Page 3) "Leave Activities," particularly sections a, b, and h. Specific objectives, enough detailed information about your plan, and sufficient detail about the ways in which the institution will benefit from your leave must be provided so that it will be evident you have made careful and reasonable plans for this leave.

3. Agreement Form

One (original) notarized agreement form is needed.

4. Sabbatical Leave Cost Form (to be completed by the Senior Vice President for Academic Affairs)

A. The cost of the salary is the salary that will be paid to the faculty member taking a sabbatical leave while on leave.

B. The cost of replacement instructors is the cost, if any, of hiring persons to perform duties the faculty member would usually perform.

Support for these costs must come from the academic area.

**WEST VIRGINIA UNIVERSITY AT PARKERSBURG**  
**Sabbatical Leave Application**  
(Summary Sheet, p. 1)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If you have not read the Sabbatical Leave policy, please do so before completing this application. A copy of the policy may be viewed at [http://www.wvup.edu/Board\\_of\\_Governors/Policies/B/B-03.pdf](http://www.wvup.edu/Board_of_Governors/Policies/B/B-03.pdf). Additional guidance is also available in Answer Book #IV-1A at <http://www.wvup.edu/policies/SABBATICAL.PDF>.

**Submitted for possible participation in:**

**July through December, OR the fall semester**

**-Sabbatical Application due the previous spring semester**

- due First working day in January in Division Chairperson's Office

-due Jan. 15 to Senior Vice President for Academic Affairs' Office

-due Feb. 1 in President's Office

**January through June, OR the spring semester**

**-Sabbatical Application due the previous spring semester**

- due First working day in January in Division Chairperson's Office

-due Jan. 15 in Senior Vice President for Academic Affairs' Office

-due Feb. 1 in President's Office

**When a deadline falls on an official holiday or weekend, materials will be due by the end of the previous business day.**

Title/Position: \_\_\_\_\_

Department/Division: \_\_\_\_\_

College/Administrative Unit: \_\_\_\_\_

**Recommend approval:**

Chair/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Budget Officer \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director \_\_\_\_\_ Date \_\_\_\_\_

**Sabbatical Leave Application**  
(Summary Sheet, p. 2)

Brief summary of plan of activity/purpose of the Sabbatical Leave:

Brief summary of benefit to the college:

**Sabbatical Leave Request**  
(Summary Sheet Page 3)

In submitting this Sabbatical Leave Application, I have read and agree to the provisions of West Virginia University at Parkersburg Board of Governors Policy B-03.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The preceding Application for Sabbatical Leave proposes important research or creative scholarly activity which will substantially further the goals of the \_\_\_\_\_ Division and which meets the sabbatical leave requirements of West Virginia University at Parkersburg as outlined in Policy B-03. I recommend that the application be approved.

\_\_\_\_\_  
(Division Chair)

\_\_\_\_\_  
(Date)

The preceding Application for Sabbatical Leave proposes important research or creative scholarly activity which will substantially further the goals of West Virginia University at Parkersburg and which meets the sabbatical leave requirements of West Virginia University at Parkersburg as outlined in Policy B-03. I recommend that the application be approved.

\_\_\_\_\_  
(Senior Vice President for Academic Affairs)

\_\_\_\_\_  
(Date)

The preceding Application for Sabbatical leave proposes important research or creative scholarly activity which will substantially further the goals of West Virginia University at Parkersburg and which meets the sabbatical leave requirements as outlined in Policy B-03. I approve the application.

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(Date)

**WEST VIRGINIA UNIVERSITY AT PARKERSBURG**  
**Sabbatical Leave Cost**

This form is to be completed by the Senior Vice President for Academic Affairs' Office and attached to each sabbatical leave request. The following information should be used to calculate the cost to the institution of a faculty member's sabbatical leave.

Faculty Member's Name \_\_\_\_\_

Cost of salary for \_\_\_ one semester \_\_\_ two semesters \_\_\_ year: \$ \_\_\_\_\_

Cost of replacement instructors (Replacement instructors would include adjunct or part-time temporary faculty or graduate teaching assistants hired to replace the faculty member on leave. The cost is to be calculated by taking the number of credit hours to be taught and multiplying by the cost per credit hour) \$ \_\_\_\_\_

Total Institutional Cost \$ \_\_\_\_\_

\_\_\_\_\_  
Senior Vice President for Academic Affairs

\_\_\_\_\_  
Date

**WEST VIRGINIA UNIVERSITY AT PARKERSBURG**

**Sabbatical Leave Application for Faculty – Page 1**

**1. ELIGIBILITY**

- a) Are you a \_\_\_ full-time faculty member --If so, are you  
\_\_\_ Tenured \_\_\_ Probationary
- b) How long have you held your present position? \_\_\_\_\_
- c) What was the date of your first employment at WVU Parkersburg in a full-time position? \_\_\_\_\_
- d) What was the date of your first employment at WVU Parkersburg, if it differs from the above? \_\_\_\_\_
- e) Have you had a leave of absence without pay or other leave during that time?  
Yes \_\_\_ No \_\_\_ If yes, please specify type and time period of leave.

**2. SALARY**

- a) What is your current salary? \$ \_\_\_\_\_ per year  
9 month contract \_\_\_ 12 month contract \_\_\_ Other, please specify \_\_\_\_\_
- b) Given the guidelines of the Sabbatical Leave Program, what salary arrangements do you request?  
Full pay for \_\_\_ months                  Half pay for \_\_\_ months  
Other, please specify \_\_\_\_\_
- c) What is the source of funding for your salary while participating in the Sabbatical Leave Program?  
State appropriated \_\_\_ Grant \_\_\_ Contract \_\_\_ Fees \_\_\_  
Other, please specify \_\_\_\_\_

**Sabbatical Leave Application for Faculty – Page 2**

d) If your salary support will come from a source other than state appropriated funds, please specify in detail on an attachment the funding source. Include documentation indicating the funding source has approved the use of the funds for this purpose or explaining why such approval is not required.

e) Do you have a grant or other financial assistance other than your salary that will help finance your Sabbatical Leave?

Yes \_\_\_\_ No \_\_\_\_

If so, name the source \_\_\_\_\_ ,  
the period in which the financial assistance will be in effect \_\_\_\_\_ ,  
and the amount \_\_\_\_\_ .

Is this funding pending\_\_\_\_ or already awarded \_\_\_\_ ?

If pending, when you do expect to learn if the funding will be provided?\_\_\_\_\_

f) Are there any other costs associated with your program participation such as the hiring of replacement faculty/staff, travel costs, equipment costs, etc.?

Yes \_\_\_\_ No \_\_\_\_

If there are additional costs, please attach a statement identifying the amount and purpose of the expenditure and the funding source for the expenditure. This may need to be developed in consultation with your chair/department head.

**3. COVERAGE OF DUTIES**

In consultation with your chair, develop and attach a description of the way in which your duties will be covered while you participate in a Sabbatical Leave. Please be specific and indicate the names of persons who will assume your duties, the nature of the duties they will assume, etc. If some of your duties will not be covered, please describe those duties and indicate the consequences of their not being completed.

**4. VITA - Attach an updated vita.**



## Sabbatical Leave Application for Faculty – Page 3

### 5. LEAVE ACTIVITIES

On no more than 4 - 6 attached pages, please describe the following (lettering each section appropriately):

- a) The **specific objectives** of your Sabbatical Leave;
- b) The **plan for achieving the stated objectives**, including the time schedule of events;
- c) Why **participation** in the Program is **required** if the objectives are to be achieved;
- d) Your **qualifications for the proposed task**, including information about your degrees and field of study;
- e) What program **participation will accomplish** for you and how the program activities relate to your long-range professional objectives;
- f) The **impact** your participation in this program may have on other units on campus;
- g) **Documentation**, where applicable, of an invitation to a research institute, laboratory, or other academic institution or setting;
- h) The ways in which the proposed work will **further the goals of your unit and the college**.

### 6. PREVIOUS LEAVE(S)/ PROGRAM PARTICIPATION

- a) Have you previously taken a sabbatical leave at WVU at Parkersburg?

No \_\_\_ Yes \_\_\_ If so, respond to the following items.

- b) If so, what were the initial and completion dates of the leave(s)?

Sabbatical leave: \_\_\_\_\_

- c) Summarize the results of the leave(s), including the ways in which the goals of the University were advanced by the leave(s)/program.
- d) List the publications, patents, or other products resulting from the previous sabbatical leave(s).

**Sabbatical Leave Application for Faculty – Page 4**

**CHAIRPERSON COMMENT SHEET**

Note: This sheet must be completed by the chairperson and attached to the Application before forwarding to the Senior Vice President for Academic Affairs.

Applicant: \_\_\_\_\_

1. Do you favor a sabbatical leave for this applicant? Why or why not?

2. Do you support the proposal itself? Why or why not?

3. Who would assume the applicant's responsibilities while on leave? Will any responsibilities be unmet?

4. Are there any consequences for other units on campus of another person assuming the applicant's responsibilities or some responsibilities being unmet?

5. Other than the employee's salary and benefits, do you anticipate any other University expenditures associated with the leave if it is granted (e.g., travel, training fees, paid replacement)? Indicate the anticipated item, cost, and the source of funds that would be used.

**Sabbatical Leave Application for Faculty – Page 5**

6. Are there other circumstances that either favor or disfavor the proposal? Please explain.

7. If the person has previously participated in sabbatical leave, please verify and comment on the results of such participation.

8. Should program participation be contingent upon any factors, such as the receipt of grant funding, etc.?

9. Was this request subjected to peer review? Yes \_\_\_\_ No \_\_\_\_  
If yes, please attach a summary of the results of that review.

10. How many other employees in this unit have applied for participation a sabbatical leave during the time period of this application? \_\_\_\_\_

If more than one employee has applied, please attach a priority ranking of the applications.

11. What is this employee's assignment number?\_\_\_\_\_

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Division Chair's Signature

Date

**Sabbatical Leave Application for Faculty – Page 6**

**SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS COMMENT SHEET**

Note: This sheet must be completed by the Senior Vice President for Academic Affairs and attached to the Application before forwarding to the President.

Applicant: \_\_\_\_\_

1. Do you approve a sabbatical leave for this applicant? Why or why not?

2. Do you support the proposal itself? Why or why not?

3. Have you any additional comments on this request for participation in this program?

4. If you do not support this application, are there alternative ways in which the goals could be achieved?

If more than one employee has applied, please attach a priority ranking of the applications.

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Senior Vice President for Academic Affairs' Signature

Date