Sabbatical Leave of Absence Application Faculty of the Sam Fox School of Design & Visual Arts Washington University

Faculty Name:					
Academic Rank and	d College:				
First Academic Yea	r of Tenured or Tenure-track	Appointment:			
Application for a Le	eave of Absence During the A	cademic Year:			
Sabbatical Leave R	equest:				
Salary & Duration (select one): 100% for	Fall Semester 100% fo	or Spring Semester	50% for the Full Year	
Compensation from	Grant, if any: \$	Name of Gran	Name of Granting Agency:		
Will the amount, above be paid directly to the			Will the agency, above, pay fringe benefits <u>in addition to</u> the amount, above, or		
transferred to Washing	gton University?	only pay the ar	only pay the amount above, including fringe benefits?		
faculty member's re	Academic Year	r salary. <u>Duration</u> (Year, Fall or <u>Spring Semester)</u>		<u>(</u> (100%, %, other)	
A. The facul (twelve s	emesters) since a previous sa	ence teaching at Washington Ur bbatical leave, or if this is the fi	rst such leave, since joid Yes	ning this Faculty. No	
	ty member has a specific plar on University.	for research or other scholarly	y activity related to his/l Yes	her position at No	
	osed timing of the leave will r s home department.	not cause significant problems v	with the program or fun	nction of the faculty	

Sabbatical Leave of Absence Application (continued)

Please attach a proposal from the applic	ant indicating the plan for research and/or creative	e activity during the sabbatical leave.	
Signature of Applicant		Date	
will return to the Sam Fox School of Deto do so will require the faculty membe	compliance with Paragraph 1.D. of the Academic sign & Visual Arts for at least the number of seme er to reimburse Washington University the amoun ibutions) paid by the University during the leave o	sters he or she was on paid leave. Failure t of gross compensation (including	
academic year and what effect this leave	r: Please indicate on an attached page who else fro e will have on the College. Also address, whether th cover the courses, or will it be acceptable to omit co	ne area will need temporary faculty for	
Signature of College Director	Date	Submit this form to: Dean of the Sam Fox School Campus Box 1213	
	BY THE DEAN OF THE SAM FOX SCHOOL OF I TO BE CONSIDERED FOR THE NEXT ACADEM		
	Date received by the office of the Dean of the Sam Fox School:		
Recommendation of the dean of the Sar	n Fox School:		
Signature of the Dean of the Sam Fox Sc	hool	Date	

For use by Dean's Office only Original: Dean's Files cc: Human Resources

Form revised November 2020