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**Sabbatical Application**

TO: HWCOM Dean Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AHC2 693

 Miami, FL 33199

In accordance with the purpose, eligibility, and terms of the sabbatical program as established in the Herbert Wertheim College of Medicine Policy on Sabbaticals and Other Leaves,

I certify that I have attached all appropriate documents and that all works are my own. Furthermore, I hereby certify that the information provided in this curriculum vita is accurate and complete to the best of my knowledge. I understand that if I have knowingly provided false information or omitted relevant information, I may be subject to disciplinary action, including termination.

I hereby apply for a sabbatical for:

IMPORTANT: Designate order of preference (1=most preferred); If unwilling to accept 2nd or 3rd preference, do not list more than the first preference.

 Six months with full pay

 One year at one-half pay

 Research leave with no pay

|  |  |
| --- | --- |
| Name |  |
| Rank |  |
| Date of Rank |  |
| Date of Tenure |  |
| College/School |  |
| Department |  |
| Date of Initial FIU Employment |  |
| Date/Term of Last Sabbatical |  |
| Dates Requested |  |

Account for all absences from full-time teaching since date of initial FIU employment other than sabbaticals (e.g., leave without pay, Fulbright, departmental release time, sponsored research, etc.)

|  |  |  |
| --- | --- | --- |
| Date | Purpose | With Pay |
|  |  |  |
|  |  |  |

\*Indicate “with” or “without” pay

**Application (\* required field)**

Describe the benefits of your proposed sabbatical/professional development leave to the University and your discipline:\*

Describe the anticipated results from the proposed sabbatical/professional development leave: \*

Report any anticipated supplemental income to be received during the sabbatical/professional development period, plus the form/nature and source of the income:

Describe what can be accomplished by your proposed sabbatical/professional development leave that otherwise could not be accomplished (eg. The need for off-site work, concentrated blocks of time, etc.) within your normal assignment and the probability of successful completion of your sabbatical goals. \*

Do you know if any other leave would conflict with your sabbatical/professional development leave? If yes, please describe.

**Submit**

Please attach the following documents: (1) A detailed description and work plan of your proposed sabbatical program (LIMIT TO 3 PAGES, DOUBLE SPACED); Any letters of invitation or any supporting documentation for your application. Letters of support from chairs are not required as part of the sabbatical/professional development leave application.