**CHICAGO STATE UNIVERSITY**

**Faculty Sabbatical Leave Request**

**Academic Year 2024-2025**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years at CSU (count current year)\_\_\_\_\_\_ Year took Last Sabbatical\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Select one: Select one:**

**\_\_\_\_9 months at half pay \_\_\_\_August – December**

**\_\_\_\_4.5 months at full pay \_\_\_\_January – May \_\_\_\_August – May**

**Nature, Purpose and Plans for Sabbatical**

Please attach a two-to-five-page typewritten proposal in which you indicate the nature and purpose for your sabbatical leave. Describe the purpose of your leave. Please include a brief abstract or executive summary of the activities. In the body of the proposal tell what benefits will result to you, your department and the University if your proposal is approved and the sabbatical leave is granted. Tell how you intend to incorporate the accomplishments accrued from your sabbatical into your teaching/primary duties at the University.

An academically acceptable proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the sabbatical would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

I understand that a report of my activities during the leave is to be made to the Provost and Vice President for Academic Affairs immediately following the leave period. The chairperson, dean and provost must accept the report, or it will need to be revised to meet acceptable, academic/research standards. There is an obligatory service period of one academic year of employment to the University following my leave. A promissory note for the amount of the sabbatical leave is required prior to the authorization to leave.

**Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Academically Academically**

**Acceptable Unacceptable**

**Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**Provost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

**President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

***An administrative educational leave is granted at the discretion of the University President***

**REQUEST FOR ADMINISTRATIVE EDUCATIONAL LEAVE**

**AY 2024-2025**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNIT/DIVISION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_Six-month leave (full pay) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_Twelve-month leave (half pay) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years at Chicago State University \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Previous leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATURE, PURPOSE, AND PLANS FOR LEAVE.**

Please attach a two- to five-page, typewritten proposal in which you indicate the nature and purpose of your administrative educational leave. Describe the plans for the leave. Include an abstract or executive summary and the detailed proposal for your leave. Include the benefits that will result from this leave to you, your department and the University if your proposal is approved and the leave is granted. Explain how you intend to incorporate the accomplishments from your leave into your administrative duties at the University. Indicate if you will receive any outside financing, grants, etc., during your leave. Also, state how your duties will be covered in your absence.

A programmatically acceptable proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the educational leave would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

I understand I must sign a promissory note agreeing to return to the university for a period equal to twice the length of such leave, and that, in default of completing such service, will refund to the University unless excused there from by the Board for reasons satisfactory to it, an amount equal to such proportion of salary received while on leave as the amount of service not actually rendered as agreed bears to the whole amount of service agreed to be rendered. No such refund shall be necessary should the employee be terminated prior to the comple­tion of the service agreed upon. Upon return, a report must be submitted and approved by the chair, dean and provost.

**SIGNED**   **Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programmatically Programmatically**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Acceptable Unacceptable**

**Supervisor**   **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Dean (if applicable)**  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Vice President**   **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Provost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

***A sabbatical leave is granted at the discretion of the University President.***

**CHICAGO STATE UNIVERSITY**

**Policy on Sabbatical Leaves**

**Section 27.2-Sabbatical Leave of Article 27—Compensable Fringe Benefits, of the 2022-2026 Contract**, describes the policy on sabbatical leaves for the Board of Trustees at Chicago State University. Because of its commitment to provide excellence in education, the Board recognizes the need for granting sabbatical leaves to faculty members for the purpose of encouraging scholarly and professional achievement for the mutual benefit of the University and the faculty member.

A tenured faculty member is eligible to apply for a sabbatical leave from the University after completing at least five years of full-time service in the bargaining unit at the University. A sabbatical leave shall not be awarded to the same faculty member more than once every seven academic years.

The sabbatical leave quota for the University is determined at the beginning of each academic year. The quota shall be one sabbatical leave for each seventeen (17) faculty members, or major fraction thereof. The terms of the sabbatical leave shall be either one academic term at full pay or two academic terms at half pay. Each academic year, seventy five percent (75) of the total sabbatical leaves shall be available for one academic term at full pay. Full regular benefits are effective during all sabbaticals

Sabbatical leave proposals are reviewed and processed according to the procedures established by the University. The University President may deny a request for sabbatical leave if the sabbatical proposal is academically unacceptable. Leaves also maybe deferred.

Each faculty member who is granted a sabbatical leave shall agree to serve at the University for at least one academic year after the completion of the sabbatical and shall give a promissory note to the University for the amount of the sabbatical leave, said judgment to be canceled at the end of the required year of service or at the death or permanent disability of the faculty member.

By the end of the first academic term following return to the University from sabbatical leave, the faculty member shall file a written account of sabbatical activities and accomplishments, as related to the goals and objectives stated in the sabbatical proposal, with the Provost and Vice President for Academic and Student Affairs, Dean and Department Chair who all, in turn, sign a statement of approval accepting the report. The report shall be made available to department colleagues and shall be placed in the faculty member’s personnel file.

7/22/10

**CHICAGO STATE UNIVERSITY**

**FACULTY RETRAINING LEAVE REQUEST**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH AND INCLUSIVE DATES OF RETRAINING TIME REQUESTED

Please delineate in detail below and on an additional page, if necessary, the purpose, method, timetable and result of the proposed retraining leave. A programmatically necessary proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the retraining leave would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

I understand that a report of my activities during the leave is to be made to the Provost and Academic Vice President immediately following the leave period and that there is an obligatory service period of three academic years of service to the university following the retraining leave.

FACULTY SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDIVIDUAL RECOMMENDATION FORMS FOR CHAIRPERSON, DEAN AND PROVOST ARE ATTACHED.

C**HICAGO STATE UNIVERSITY**

**RETRAINING LEAVE RECOMMENDATION**

**CHAIRPERSON – AY: \_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME OF EMPLOYEE REQUESTING LEAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH AND INCLUSIVE DATES OF REQUESTED LEAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the space provided below in which to make your recommendation supported by written reasons. The sole criterion to be used in evaluating the retraining leave is University programmatic need. A programmatically necessary proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the retraining leave would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

SIGNATURE OF CHAIRPERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_ NO for approval of the leave.

**CHICAGO STATE UNIVERSITY**

**RETRAINING LEAVE RECOMMENDATION**

**DEAN – AY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME OF EMPLOYEE REQUESTING LEAVE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH AND INCLUSIVE DATES OF REQUESTED LEAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the space provided below in which to make your recommendation supported by written reasons. The sole criterion to be used in evaluating the retraining leave is University programmatic need. A programmatically necessary proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the retraining leave would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

SIGNATURE OF DEAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_ NO for approval of the leave.

**CHICAGO STATE UNIVERSITY**

**RETRAINING LEAVE RECOMMENDATION**

**PROVOST – AY: \_\_\_\_\_\_\_\_\_\_**

NAME OF EMPLOYEE REQUESTING LEAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT/COLLEGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH AND INCLUSIVE DATES OF REQUESTED LEAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the space provided below in which to make your recommendation supported by written reasons. The sole criterion to be used in evaluating the retraining leave is University programmatic need. A programmatically necessary proposal must describe benefits for the university as a public, comprehensive university that provides access to higher education for students of diverse backgrounds and educational needs. In particular, it should describe how the retraining leave would result in teaching, research, and service activities and products of activities that directly benefit the university’s students.

SIGNATURE OF PROVOST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_ NO for approval of the leave.