

**FLORIDA ATLANTIC UNIVERSITY
2024-2025 SABBATICAL APPLICATION**

Name of Applicant

Rank (the official title listed in department records)

Academic Department/School

College

Semester(s) Requested (Please check one): Fall 2024 at full pay
 Spring 2025 at full pay
 Fall 2024 and Spring 2025 at half-pay

Years Employed at FAU: _____

Have you been awarded a sabbatical at FAU previously? **Yes*** Date _____
 No

Any Anticipated Supplementary Income? **Yes**
 No

Have you previously been relieved of Teaching/Librarian Duties for the Purpose of Research and Scholarly Activity, in addition to a sabbatical award? **Yes** Date _____
 No

If yes, briefly explain:

*If yes, please attach the report of activities and accomplishments you submitted at that time or a one page summary of your accomplishments during the sabbatical period.

If you anticipate external supplementary income during your sabbatical, please complete the following:

Name of Sponsor(s):

Budget Period:

_____	_____
_____	_____
_____	_____

If during your sabbatical leave you expect to have a formal affiliation with a research institute, another college or university, a federal agency, a private corporation, a Fulbright program, or any similar public, private, and/or non-profit entity, please describe the conditions of that appointment. Please attach supporting documentation (i.e. letter from affiliate).

Do you have any sponsor-funded projects that are active during the requested sabbatical leave?

Yes* No

*If yes, how will your current sponsor-supported projects be covered?

Have you notified the program office(s) for your active project(s) in writing of your plans for a sabbatical? Yes* No

If yes, attach documentation of the notification and approval.

If no, when do you plan to notify the program officer(s)?

Do you have any research projects involving any areas of research compliance, such as radiation safety, diving and boating safety or biological safety (i.e., work carried out in a wet-lab involving the use of chemicals and/or potentially infectious materials) that are active during the requested sabbatical leave? **Yes*** **No**

*If yes, how will any facilities and/or research responsibilities be covered?

Do you have any research projects involving the use of human or animal subjects to collect data that are active during the requested sabbatical leave? **Yes*** **No**

*If yes, how will your research be covered?

*Faculty members with active sponsor-funded projects must meet all compliance requirements for FAU and the sponsors prior to sabbatical leave. The faculty member must also update the above information and coordinate with the applicable business offices if the status of his/her research funding changes prior to or during the sabbatical.

(3)

Signature of Applicant

Date

(Required for all applications)

Comment(s) by Department Chair/School Director

Approve **Disapprove**

Signature of Department Chair/School Director

Approval Date

Comment(s) by Dean

Approve **Disapprove**

Signature of Dean

Approval Date

Signatures:

Applicant: _____

Date _____

Department Budget Coordinator: _____

Date _____

College Budget Manager: _____

Date _____