UNIVERSITY-WIDE SABBATICAL LEAVE COMMITTEE:

POLICIES AND APPLICATION

FOR THE 2019-2020 ACADEMIC YEAR

TO: ALL FACULTY

FROM: UNIVERSITY-WIDE SABBATICAL LEAVE COMMITTEE

FOR YOUR INFORMATION:

According to Article XVIII, Section A, Number 1, of the Collective Bargaining Agreement (CBA) (pp. 46-48), a leave of absence not to exceed eighteen (18) University calendar weeks, with full pay . . . or a leave of absence for a period not to exceed thirty-six (36) University calendar weeks at half pay . . . may be requested by a FACULTY MEMBER, and may, at the discretion of the President, be granted to any FACULTY MEMBER of any UNIVERSITY who has submitted a request for consideration and who has completed seven (7) or more years of satisfactory service as a FACULTY MEMBER of one (1) or more of the Universities.

According to Article XVIII, Section A, Number 4, of the CBA, one (1) sabbatical leave may be granted in accordance with the procedures set forth in Article XVIII for each additional seven (7) years of service. No one shall be entitled to be considered for or use more than thirty-six (36) weeks of the accumulated leave as part of any one (1) sabbatical leave.

According to Article XVIII, Section A, Number 11, of the CBA, each University may grant sabbatical leaves of absence in any one (1) year to up to seven (7%) of its FACULTY.

PLEASE FIND THE FOLLOWING ATTACHMENTS:

1. RECOMMENDATION POLICY. Please read before completing your application.

2. SABBATICAL LEAVE APPLICATION (2015-2016 Academic Year)

3. GUIDELINES FOR SUPPORTING MATERIALS

PROSPECTIVE APPLICANTS SHOULD REVIEW THE SABBATICAL LEAVE GUIDELINES AVAILABLE ON THE ESU OFFICE OF THE PROVOST WEBSITE OR FROM TONI HELLER IN THE APSCUF OFFICE.

<http://www4.esu.edu/about/administration/provost/sabbatical_leave.cfm>

APPLICATIONS SHOULD BE RETURNED BY April 16, 2018 TO:

**EMILY SAUERS**

**CHAIR, SABBATICAL LEAVE COMMITTEE**

**EXERCISE SCIENCE DEPARTMENT (KOEHLER 254)**

PLEASE INFORM YOUR DEPARTMENT CHAIRPERSON OF YOUR INTENT TO APPLY FOR SABBATICAL LEAVE PRIOR TO THE ABOVE DATE. PLEASE RETAIN A COPY OF YOUR APPLICATION AND SUPPORTING MATERIAL.

UNIVERSITY-WIDE SABBATICAL LEAVE COMMITTEE

RECOMMENDATION POLICY

According to Article XVIII, Section A, Number 1 of the CBA, appropriate reasons for requesting a sabbatical leave include “restoration of health, study, travel, or other appropriate purposes.” (p. 44).

The committee’s recommendations for sabbatical leave are made primarily on the basis of merit. The UWSLC will assign a score to each applicant based on the following criteria:

1. Merit: The merit of the proposal (up to 60 points). This score will be based on the degree to which the applicant has shown that the leave will be used in any or all of the following ways:
2. To improve understanding of a discipline
3. To publish or present research
4. To contribute to University programs or services
5. To improve teaching skills
6. Length of service: This score (up to 40 points) will be based on the number of years from the date of the applicant’s appointment to the semester and year of the requested sabbatical leave. The statutory minimum of seven (7) years service is equivalent to fourteen (14) points. An additional one (1) point is accrued towards length of service for each additional semester of service beyond seven (7) years, up to a maximum of forty (40) points. When calculating length of service in applications for second or third sabbaticals, faculty will subtract seven (7) years (fourteen points) for each 18-week or summer sabbatical they have received, or seven (7) years (fourteen points) for each 36-week half-pay sabbatical, and (14) years (twenty-eight points) for each 36-week full pay sabbatical received.

Anyone applying for a summer sabbatical should provide additional documentation on why such sabbaticals are needed in lieu of a sabbatical during the Fall or Spring semester of the academic year. Inasmuch as summer teaching does not accrue to sabbatical leave seniority, and staffing agreements for summer differ from those during the academic year, summer sabbaticals shall not be awarded in the absence of sufficient programmatic justification.

APSCUF 11/11/10

UNIVERSITY-WIDE SABBATICAL LEAVE COMMITTEE

SABBATICAL LEAVE REQUEST FORM

FOR THE 2019-2020 ACADEMIC YEAR

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request sabbatical leave during the academic year 2015-2016 for the following period: (check one)

Full year, full pay \_\_\_\_\_\_\_\_

Full year, half pay \_\_\_\_\_\_\_\_

Fall semester, 2017 \_\_\_\_\_\_\_\_

Spring semester, 2018 \_\_\_\_\_\_\_\_

Summers of 2017, 2018 \_\_\_\_\_\_\_\_

Date of original appointment to ESU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have credit for service at other universities in the SSHE please complete the following:

Name of University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following (mark “none” if none):

Dates of previous sabbatical leaves (if full-year, indicate if full or half pay):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of previous leaves (educational or other) without pay:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I am granted a sabbatical leave, I hereby agree to return to my employment at East Stroudsburg University for a period of not less than one full academic year following the year in which the leave is taken.

I certify that this information is complete and correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Second page of application follows.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review the Recommendation Policy before completing this section. USE THIS PAGE TO TYPE OR WORD PROCESS A STATEMENT DETAILING THE PURPOSE OF YOUR LEAVE. Attach additional pages and documentation as needed. Applications must also include a current Vita.