Kansas State University

Sabbatical Leave Application Form

(Copies of Sabbatical Leave Guidelines are online at http://www.k-state.edu/provost/resources/dhmanual/sabbat/sabblv.html)

1. Name:
2. Department/College:
3. Faculty Rank:
4. Tenure Date:
5. Tenure-Track (Date of Appointment):
6. Dates of previous sabbatical leaves at KSU:
7. Sabbatical Option desired (Preference will be given to applicants who request a full year.):

   <u>For 12 Month Faculty</u>

   ☐ Eleven month sabbatical at half salary.

   Dates of Leave:

   ☐ Five month sabbatical at full salary.

   Dates of Leave:

   <u>For 9 Month Faculty</u>

   ☐ Nine month (academic year) sabbatical at half salary.

   Dates of Leave:

   ☐ Four and one-half month (one semester) sabbatical at full salary.

   Dates of Leave:

   <u>For 9 and 12 Month Faculty</u>

   ☐ Estimated Sabbatical Salary (based on current year's salary)[*].

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[*] This estimate is for reporting purposes only. Actual pay will be based on next year's salary.

8. Please attach a detailed description of your plan of work for the sabbatical.

   The plan of work should include the following:

   a. A brief (<500 words) description of the objectives of the leave.
   b. Activities needed to implement the objectives.
   c. Time table for sabbatical leave activities.
   d. Travel necessary to implement plan of work.
   e. Expected professional and scholarly outcomes resulting from sabbatical.
   f. Copy of the invitation from another university or industry, if appropriate.
   g. Statement of assurance from your sponsor that facilities are available to
      conduct the sabbatical leave activities, if appropriate.
   h. Indicate if sabbatical leave is extramurally funded and provide details.
   i. Contributions you can provide to your department, college/division, and
      the Kansas State University community as a result of your leave.

9. Please attach a statement from the department administrator which describes the merits of
   the proposed leave and how faculty duties will be covered.

10. Signatures:

_____   _____
Faculty Member   Date

_____   _____
Department Administrator   Date

_____   _____
Dean   Date