

University of Southern California

Faculty Request for Leave

NAME: _____ USC ID: _____

TITLE: _____ WORK PHONE: _____

SCHOOL/DEPT.: _____ EMAIL: _____

TYPE OF LEAVE:

- | | |
|--|---|
| <input type="checkbox"/> Semester Sabbatical (SS)
(Full-time salary for one semester) | <input type="checkbox"/> Fellowship Leave (FL)
(e.g., Fulbright, Guggenheim, MacArthur, etc.) |
| <input type="checkbox"/> Year Sabbatical (YS-academic year)(YSC-calendar year)
(Half-time salary for one year) | <input type="checkbox"/> Special Leave of Absence–Unpaid (SU)
(Any leave without pay) |
| <input type="checkbox"/> Mini-Sabbatical (MS)
(Half-time salary for one semester) | <input type="checkbox"/> Modification of Duties (MOD)
(Temporary adjustment of FTE and Effort) |
| <input type="checkbox"/> School Paid Leave (SP)
(e.g., Asst Prof Paid Leave ¹ , Research Leave ¹ , ASHSS Sabbaticals, etc.) | <input type="checkbox"/> Phased Retirement (PR)
(Adjustment in FTE and effort until retirement) |
| <input type="checkbox"/> Other (OTHER) Describe: _____ | |

Note: Requests for Faculty Paid Parental Leave are made on a different university form. Additional forms may be required for other leaves (e.g., medical, disability). Please consult with your Home Department Coordinator.

PROPOSED PERIOD OF LEAVE:

DATES Start: _____ End: _____ **TERM:** Fall _____ Spring _____
(MM/DD/YYYY) (MM/DD/YYYY) (YYYY) (YYYY)

MOST RECENT LEAVE and DATE: (e.g., Sabbatical Fall 2012) _____

PURPOSE OF CURRENT LEAVE REQUESTED: *(if sabbatical, mini-sabbatical, or Assistant Professor Paid Leave, attach statement describing the proposed project in detail)*

COMPENSATION:

Will any outside work for compensation be undertaken during the period of leave? *(A faculty member on sabbatical leave should not engage in other activities for remuneration that would intrude on his or her sabbatical research.)*

No **Yes** If yes, details: _____

CONTINGENCIES:

Is this request contingent on any pending matter or external funding such as a fellowship?

No **Yes** If yes, details: _____

FELLOWSHIP LEAVES: Please forward a copy of your award notification upon receipt.

REMARKS:

FACULTY MEMBER’S SIGNATURE: *Note that for sabbaticals, Faculty Handbook section 3-E(2) provides: “It is expected that the faculty member will return to the University for at least one year after sabbatical.”*

Signature _____ **Date** _____

¹ Discretionary by Dean

TO BE COMPLETED BY CHAIRPERSON

NUMBER OF UNDERGRADUATE COURSES REQUIRING REPLACEMENT TEACHING:

Note that approval of the leave does not guarantee approval of replacement teaching staff.

REMARKS: _____

HOW WILL THE PROPOSED LEAVE AFFECT THE APPROVED BUDGET OF THE SCHOOL?

REMARKS: _____

FOR MODIFICATION OF DUTIES:

DESCRIBE: _____

FOR FELLOWSHIP LEAVES:

Sponsor: _____ Proposed Start Date: _____
Application Due Date: _____ Proposed End Date: _____
Application Notification Date: _____ Stipend Amount: \$ _____
Stipend Payment Schedule: _____
Other Relevant Terms: _____

- | | | |
|---|------------------------------|-----------------------------|
| Fellowship/grant funds routed through USC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fellowship/grant funds paid directly to Faculty: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| USC health coverage continued: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| USC contribution to medical/dental benefits continue: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Core Salary top-off: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counts as full-time service: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CHAIR REMARKS:

Chair's Approval _____ **Date** _____

DEAN REMARKS:

Dean's Approval _____ **Date** _____

PROVOST REMARKS:

Provost's Approval _____ **Date** _____

NEXT ELIGIBILITY DATE FOR SABBATICAL _____