

Faculty Request for Leave

NAME: _____ JOB TITLE: _____

SCHOOL/DEPT: _____ EMPLOYEE ID: _____

TYPE OF LEAVE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Semester Sabbatical
(Full-time salary for 1 semester) | <input type="checkbox"/> Year Sabbatical (AY, FY or calendar year)
(Half-time salary for one year) | <input type="checkbox"/> Mini-Sabbatical
(Half-time salary for one semester) |
| <input type="checkbox"/> ASHSS Early Sabbatical (one semester—tenured faculty) | <input type="checkbox"/> ASHSS Paid Leave (one semester—tenure track and RTPC faculty) | <input type="checkbox"/> School Paid Leave (e.g., Asst Prof Paid Leave, Research Leave, etc.) |
| <input type="checkbox"/> Fellowship Leave (e.g., Fulbright, Guggenheim, etc.) | <input type="checkbox"/> Special Leave of Absence – Unpaid (Any leave without pay) | <input type="checkbox"/> Modification of Duties (Temporary part-time leave at reduced pay) |
| <input type="checkbox"/> Other Leave (describe): _____ | | |

Note: Requests for Faculty Paid Parental Leave and disability leave require additional university forms. Please consult your HR Partner.

PROPOSED PERIOD OF LEAVE:

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

MOST RECENT LEAVE (TYPE AND DATE): _____

PURPOSE OF CURRENT LEAVE REQUESTED: *(if sabbatical, mini-sabbatical, or Assistant Professor Paid Leave, attach statement describing the proposed project in detail; for fellowship leaves, please attach your award notification and proposal)*

SABBATICAL, FELLOWSHIP, OR RESEARCH LEAVES:

Do you currently participate in federally sponsored research or do you plan to do so during your leave? No Yes

Will you be spending time outside the United States during your leave? No Yes

(This does not include trips to conferences or vacations)

If yes, will you receive any foreign research support? *This includes grant support, positions & scientific appointments at foreign institutions, or other in-kind support (e.g. office/lab space, equipment, supplies, employees, & scientific materials).*

No Yes If yes, please explain: _____

If yes, will you receive any personal payments from a foreign institution, have a faculty appointment at a foreign institution, or are you performing research on behalf of a foreign institution (i.e. outside of a grant or contract through USC)?

No Yes If yes, please explain: _____

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 the faculty member's sabbatical research.)*

No Yes If yes, please explain: _____

CONTINGENCIES: Is this request contingent on any pending matter (e.g., tenure decision, fellowship, external funding, etc.)?

No Yes If yes, please explain: _____

REMARKS *(attach a separate sheet if more space is needed):* _____

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

SIGNATURE _____ **DATE** _____

This Section to be Completed by Department Chair

NUMBER OF UNDERGRADUATE COURSES REQUIRING REPLACEMENT TEACHING:

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

Additional Leave Information

FOR MODIFICATION OF DUTIES: Please specify the FTE to be worked during the Modification of Duties leave _____%

Is this a Faculty Handbook 3-D(8)(c) or 3-D(8)(d)? If yes, please specify _____

FOR UNPAID LEAVES OR MODIFICATION OF DUTIES THAT EXTEND BEYOND ONE YEAR OF LEAVE:

If the dean supports the request, the dean should submit a memo to the provost explaining the reasons for the exception.

FOR FELLOWSHIP LEAVES:

Sponsor: _____ Proposed Start Date: _____

Application Due Date: _____ Proposed End Date: _____

Application Notification Date: _____ Stipend Amount: _____

Other relevant terms: _____

Fellowship funds routed through USC Yes No USC contrib. to health ins. continued: Yes No

Fellowship funds paid directly to Faculty: Yes No Core Salary top-off: Yes No

USC health coverage continued: Yes No Counts as full-time service: Yes No

CHAIR REMARKS:

Chair's Approval _____ Date _____

DEAN REMARKS:

Dean's Approval _____ Date _____

PROVOST REMARKS:

Provost's Approval _____ Date _____

IF A SABBATICAL WAS REQUESTED, NEXT ELIGIBILITY DATE FOR SABBATICAL _____