

Sabbatical Check List

Please assemble in the order listed.

_____ HRM3

_____ Signed by faculty member

_____ Signed by Chair

_____ Indicate full year or half year

_____ Memo from Chair

_____ Supporting the request

_____ Addressing course coverage issues (**note that approved sabbaticals are supposed to be load absorbed**). **Please provide the name and course number for the courses the faculty member would have taught, 3 years of enrollment data for those courses and how the seats will be redistributed while the faculty member is on leave.**

_____ Memo from faculty memo requesting the sabbatical and a one or two-page statement of the activities to be conducted during the leave period, including a description of the outcomes of the proposed activities as well as their importance to the University's educational program and the applicant's professional development

_____ Statement identifying any proposed income other than salary from the campus while on leave

_____ Statement acknowledging an obligation to return to the University at Albany for a minimum of one year at the conclusion of the leave

_____ Copy of the applicant's current curriculum vitae

_____ Supporting materials – e.g., copies of invitations from host institutions for a period of residency, other letters of support

_____ Copy of the report following the applicant's last sabbatical leave and/or other statements describing the value of the last leave, if applicable

Please submit the packet to the College Office through the Department Chair by October 1st of the year prior to the requested sabbatical leave.