

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 RTPC Sabbatical Leave (one semester— 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
(Leave without pay) | <input type="checkbox"/> Modification of Duties (Temporary part-time leave at reduced pay) |
| <input type="checkbox"/> Faculty Family Responsibilities Leave (unpaid leave) | <input type="checkbox"/> Faculty Family Responsibilities Leave (partial) (part-time leave) | <input type="checkbox"/> Probationary Faculty Childcare Responsib. Leave (half-time leave) |
| <input type="checkbox"/> Other _____ | | |

Note: Requests for Faculty Paid Parental Leave, medical 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, RESEARCH, SCHOOL-PAID, OR PART-TIME 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, FACULTY FAMILY RESPONSIBILITIES PARTIAL LEAVE, OR OTHER PARTIAL LEAVE:

Please specify the FTE to be worked at USC during the partial leave _____%

FOR UNPAID OR PARTIAL LEAVES (INCLUDING MODIFICATION OF DUTIES) THAT EXTEND BEYOND ONE YEAR:

If the dean supports the request, please include the dean's memo to the provost or provost's designee 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

If this does not count as full-time service, please explain: _____

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 _____