New York University

APPROVAL SIGNATURES DATE

CHAIRPERSON:_____ _____

DEAN:_____ _____

PRESIDENT'S OFFICE:_____ _____

APPLICATION FOR SABBATICAL LEAVE

NAME:_____
LAST FIRST MIDDLE

HOME ADDRESS:_____

SCHOOL:_____ DEPARTMENT:_____

DATE OF INITIAL FULL TIME APPOINTMENT AT NYU:_____ EFFECTIVE DATE OF TENURE: _____

HAVE YOU BEEN GRANTED A PREVIOUS SABBATICAL? YES ☐ NO ☐

IF "YES" PLEASE INDICATE PERIOD AND SALARY SCHEDULE:

DATES		SALARY
FROM	TO	PERCENTAGE OF BASE SALARY RECEIVED

WITH REFERENCE TO YOUR CURRENT APPLICATION:

ARE YOU APPLYING FOR A YEAR? ☐ A HALF YEAR? ☐ AT 3/4 BASE SALARY? ☐ FULL BASE SALARY? ☐

STATE INTERVAL OR DATES OF CONTEMPLATED LEAVE:_____

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT:_____

FORM OF FINISHED PROJECT: (BOOK, REPORT, ARTICLE):_____

PLEASE GIVE A SHORT DESCRIPTION OF YOUR SABBATICAL PROJECT (additional page may be appended)

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED SABBATICAL, PLEASE STATE:

NAME OF AGENCY:_____

ADDRESS OF AGENCY:_____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT:_____

NATURE AND EXTENT OF COMMITMENT RECEIVED:_____

APPLICANT'S SIGNATURE:_____DATE:_____