



**Approval Signatures**

**Date**

Chairperson \_\_\_\_\_

Dean \_\_\_\_\_

Provost's Office \_\_\_\_\_

**Application for Sabbatical Leave**

Name:

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:

<b>Dates</b>		<b>Salary</b>
From	To	Percentage of Base Salary Received

**Current Application**

Please select the duration of your requested sabbatical.

Year

Half-year

Please select the salary schedule for your requested sabbatical

¾ Base Salary

Full Base Salary

Are you currently serving as the Principal Investigator, Co-Investigator, or in a Senior/Key personnel role on either an extramurally funded sponsored project or any project with an associated non funded research or data use agreement managed by the Office of Sponsored Projects (OSP)?    Yes        No

*Note: If "Yes", your assigned OSP Projects Officer will follow up with you to discuss any necessary coordinations with sponsors.*

Interval or dates of contemplated leave:

Estimated time required to complete project:

Form of finished project (e.g. book, report, article):

Please include 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:**