

## APPLICATION FOR SABBATICAL -OR- FACULTY IMPROVEMENT LEAVE

**INSTRUCTIONS TO APPLICANT:** Attach a description of your proposed leave project or activity. Include the criteria by which your department can evaluate the success of your Sabbatical/FIL. This application (with attachments) must be submitted to your department chairperson **no later than March 1**. (If March 1 falls on a Saturday or a Sunday, the deadline will be the next working day on which the University is open.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone Extension: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**FACULTY IMPROVEMENT LEAVE**  
(ONE TERM)

**SABBATICAL**  
(ONE CONTRACT YEAR)

PERIOD OF LEAVE: FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK: \_\_\_\_\_ DATE OF EMPLOYMENT AT YSU: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ YEARS OF SERVICE AT YSU: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

### ADMINISTRATIVE ACTION

ATTACH COMMENTS AND FORWARD A COPY OF THE COMMENTS TO THE APPLICANT.

RECOMMENDED

NOT RECOMMENDED

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date

ATTACH COMMENTS AND FORWARD A COPY OF THE COMMENTS TO THE APPLICANT.

RECOMMENDED

NOT RECOMMENDED

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

RECOMMENDED

NOT RECOMMENDED

APPROVED

NOT APPROVED

\_\_\_\_\_  
Sabbatical/FIL Committee Chairperson      Date

\_\_\_\_\_  
Provost      Date