



THE UNIVERSITY *of*
NEW ORLEANS

Office of Academic Affairs

**Application Form for Sabbatical Leave
2019-2020**

GENERAL INSTRUCTIONS

Applicants should complete (as appropriate) the University of Louisiana form on pages 2-3. Applicants should then proceed to the UNO form beginning on page 4 and insert information as instructed. Please note that, in addition to basic information, UNO requests:

- a work proposal from the applicant;
- a current curriculum vitae exported from Faculty180;
- administrative recommendations, including a fiscal plan, to be completed by chairs and deans in the spaces provided below;
- a report on the accomplishments of the applicant's last sabbatical leave (if relevant) sponsored by UNO, as this report will be used to evaluate the current request.

UNIVERSITY OF LOUISIANA FORM

(Please proceed to next page)

UNIVERSITY OF LOUISIANA SYSTEM

REQUEST FOR LEAVE OF ABSENCE AND SABBATICAL AGREEMENT

INSTITUTION: University of New Orleans

NAME OF EMPLOYEE: _____

UNIVERSITY I.D. NO. _____

TITLE: _____

DEPARTMENT: _____

HIGHEST DEGREE: _____ BIRTHDAY: Month _____ Day _____ Year _____ Age: _____

NUMBER OF CONSECUTIVE FISCAL YEARS ACTIVE SERVICE IN LOUISIANA: _____

NUMBER OF SEMESTERS OF ACTIVE SERVICE AT THIS INSTITUTION: _____

PURPOSE OF LEAVE REQUESTED (Check one):

- a. Professional or Cultural Improvement: ☐
- b. Rest & Recuperation: ☐ (Statements from two physicians must be attached)
- c. Military: ☐
- d. Other (Specify): _____

TYPE OF LEAVE REQUESTED (Check One):

- a. With Pay: ☐ Amount \$ _____
- b. Without Pay: ☐

LENGTH OF LEAVE REQUESTED (Number of weeks): _____

EFFECTIVE DATES OF LEAVE: Beginning: [Select from Menu] Ending: [Select from Menu]

MANNER IN WHICH THIS LEAVE, IF GRANTED, WILL BE SPENT (< two sentences?): _____

I have reviewed the RULES [Bylaws, and Policies and Procedures] of the UNIVERSITY OF LOUISIANA BOARD OF SUPERVISORS, at Chapter III, Section V, pertaining to Leaves of Absence and hereby agree to comply with the provisions enumerated therein.

Date of Application_____
Signature of Applicant**PRIOR LEAVE RECORD FROM THIS INSTITUTION (To be certified by the institution):**

Date of Last Leave: _____

Length of Last Leave: _____

Type of Last Leave: With Pay: ☐

Amount \$ _____

Without Pay: ☐**APPROVAL BY HEAD OF DEPARTMENT:**

Date Approved _____ Signature _____ Department _____

Department Head must include a letter of recommendation with this application when it is forwarded to the appropriate Dean and Vice President.

APPROVAL BY DEAN AND VICE PRESIDENT:

Signature: _____ Signature: _____

Dean of _____ Vice President for Academic Affairs

Date: _____ Date: _____

APPROVAL BY THE HEAD OF THIS INSTITUTION:_____
Date Approved_____
Signature**APPROVAL BY THE UNIVERSITY OF LOUISIANA SYSTEM:**_____
Date Approved_____
Signature of the President

**UNIVERSITY OF LOUISIANA SYSTEM
REQUEST FOR LEAVE OF ABSENCE
AND SABBATICAL AGREEMENT**

Instructions: Please indicate with a check mark the pay status of your leave, answer any questions pertaining to your status, and sign your name along with the date.

I. OFFICIAL SABBATICAL LEAVE WITH FRACTIONAL PAY (75% of present salary): ☐

During a period of official leave with fractional pay, a higher percentage of retirement withholding will be assessed against your fractional pay (i.e., you will be assessed as if you were earning 100 percent of your present salary) to allow for full retirement credit during the official leave period. The institution will pay full employer's share (University of Louisiana System Board of Trustee Policies and Procedures Manual at Chapter III, Section V).

The leave pay shall be distributed over the entire period of that leave.

In accepting this leave of absence with pay, I understand that I assume a legal obligation, as listed in Acts 1991, 858 (R.S. 17:3328) to return to this institution for at least one year of further service. Failure to return the semester immediately following the sabbatical will result in repayment of all sabbatical leave pay received, unless otherwise determined by the Board.

II. OFFICIAL LEAVE WITHOUT PAY: ☐

During a period of official leave without pay, under the present law, you cannot make contributions of your share and/or the employer's share of the salary you would have been paid by the institution during that period of leave.

In order to purchase this time, you must consult with your respective Retirement System.

OTHER PROVISIONS

I am aware of the prohibition against dual appointments or dual employment as described in LSA-R.S. 42:63. This statute provides that no person holding an elective office, appointive office, or employment in any of the branches of state government or of a political subdivision thereof shall at the same time hold another elective office, appointive office, or employment in the government of a foreign country, in the government of the United States, or in the government of another state.

I fully understand the above statements.

Date

Signature, Applicant for Leave

APPROVED: _____

Date

President

University of New Orleans
Institution

UNIVERSITY OF NEW ORLEANS FORM

Instructions: Applicants should provide the information requested below for University review. Please: 1) Do not punch holes in documents; 2) Do not staple documents. Department chairs and college deans will complete the administrative evaluation pages. Thank you.

- Attach to the end of this document a **formal sabbatical proposal** that provides the following information, using the numbered sequence provided below. Please be brief, but provide sufficient detail for evaluation by administrators at all levels of the University.
 1. **Description of the project:** Describe the project with sufficient detail so that both its quality and significance can be fairly evaluated. Please indicate the purpose of the leave and include a work plan. Provide an alternative plan in case the original plan cannot be accomplished. Make clear how much of the project you expect to complete during the leave. Please also list any courses for credit or audit that will be taken while on leave. A typical description of the project will be 2-3 pages.
 2. **Location of work:** Please indicate the location of the leave, with whom the leave will be spent, and the nature of the arrangements. Provide an estimate of the amount of time to be spent traveling.
 3. **Work already completed:** Indicate if the proposed work is part of an ongoing project, and how much of this project already will have been completed when the leave begins.
 4. **Value and compatibility of goals:** Indicate how completion of the project will enhance your standing as a scholar, researcher, and teacher, and will help to achieve the goals of your department and/or college.
 5. **Previous sabbatical leave:** Append a copy of the report on the accomplishments of your last sabbatical leave sponsored by UNO, as this report will be used to evaluate your current request.
 6. **Sign** the proposal.

Please note: As a matter of policy, the University of New Orleans does not permit the recipient of a paid sabbatical leave to receive compensation from other sources while on leave. Any requests for exceptions should be discussed with the Provost prior to submission of the sabbatical application.

- Attach to the end of this document a **curriculum vitae** exported from **Faculty180**.

Applicant Name: _____

Evaluation by Chair/Director

Please note that a department chair should be evaluated by his or her dean. In the comment space, please insert, "Applicant is a department chair and will be evaluated by the dean" (or similar language). Please do not use an "ad hoc" chair from the faculty to provide the evaluation.

A. How will this leave enhance the ability of the applicant to meet his/her responsibilities within the UL System?

B. What is your overall evaluation of this leave request?

- ☐ Strongly Recommend
- ☐ Recommend
- ☐ Recommend with Conditions (state conditions in 'G')
- ☐ Do Not Recommend

Reasons for not recommending:

C. How do you rate this request among all of those from your department?

_____ out of _____
(Numerical Rank) (Total Number)

D. Applicant's current salary:

Pay Basis: ☐ Academic Year ☐ Fiscal Year

E. Applicant's current teaching load in credit hours:

Fall Semester	Semester Hours Teaching:	_____
Spring Semester	Semester Hours Teaching:	_____
Summer Semester	Semester Hours Teaching:	_____

F. Fiscal Plan: Sabbatical applications now include a fiscal planning component to ensure that the replacement teaching costs can be met in one of two ways: 1) solely with the .25 FTE funding remaining in the faculty budget line; or 2) with a combination of the .25 FTE funding and additional funding from the college or department. This fiscal plan must be approved by the department chair and dean, and ultimately Academic Affairs.

Applicant Name: _____

Number of credit hours to be replaced: (Please insert additional explanatory information here, if needed.)	
Replacement costs for course coverage:	
Replacement cost fringe benefits: (Note: adjuncts = 8.2 percent)	
Salary left in line (25 percent):	
Difference between sabbatical cost and salary left in line:	

Note: If the salary left in the line is not sufficient to cover the cost of replacements (plus fringe), describe the college plan to cover the expense:

G. Other comments?

Chair/Director's Signature

Date

Applicant Name: _____

Evaluation by Dean

A. What is your overall evaluation of this leave request?

- ☐ Strongly Recommend
- ☐ Recommend
- ☐ Recommend with Conditions (state conditions in 'D')
- ☐ Do Not Recommend

Reasons for not recommending:

B. How do you rate this request among all of those from your college?

_____ out of _____
(Numerical Rank) (Total Number)

C. Do you concur with the evaluation and replacement needs of the Chair/Director?

- ☐ Yes ☐ No

If the answer is 'No,' please explain in the space below:

D. Comments (comments are encouraged):

Dean's Signature

Date