IUPUI SABBATICAL LEAVE COVERSHEET
For leaves to be taken during the 2018-2019 academic year
(Must be completed and submitted in fall 2017.)

Name of Applicant _____ University ID # _____

Academic Title _____

School _____ Department _____

Effective date of initial appointment as a full-time member of the faculty of Indiana University _____

Have you had prior sabbatical leaves? Yes ☐ No ☐

If yes, when? _____ _____ _____
(Please attach final reports for all previous sabbatical leaves.)

Periods of leave of absence other than sabbatical leave: With Pay Without Pay

_____ _____

_____ _____

Period(s) of proposed leave: Check below the period you are requesting:

☐ Fall semester at full pay

☐ Spring semester at full pay

☐ Academic year at half pay

☐ Divided leave* _____

_____

* Please specify each of the periods with beginning and ending dates for the current year and subsequent years; these should add up to either five months at full salary or ten months at half salary.

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FOR OFFICE USE ONLY

Review:
Is packet complete? ☐ yes ☐ no
If no, what is missing (include date and who has been contacted to furnish missing pieces):

_____

_____

_____

Eligible?: ☐ yes ☐ no
If no, explain:

_____

_____

_____