IUPUI SABBATICAL LEAVE COVERSHEET
For leaves to be taken during the 2012-2013 academic year
(Must be completed and submitted in fall 2011.)

Name of Applicant Joseph P. Faculty University ID # 0123456789

Academic Title Associate Professor

School Herron School of Art & Design Department Fine Arts

Effective date of initial appointment as a full-time member of the faculty of Indiana University 6/2003

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
	March 2006

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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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:

_____
_____
_____