

**Application for Sabbatical Leave**  
**Academic Year \_\_\_\_\_**

\_\_\_\_\_ Date

I, \_\_\_\_\_, hereby apply for sabbatical leave from \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_. I request a salary distribution during the leave period at  **half salary** for the academic year, or  **full salary** for the  Fall Semester,  Spring Semester, or  Other (*please specify*). My current salary is based on \_\_\_\_\_ months of service.

I have been a member of the Atlanta University/Clark College/Clark Atlanta University faculty for \_\_\_\_\_ years, holding academic ranks as follows for the years indicated:

RANK	FROM	TO

My previous sabbatical leave(s) has (*have*) been as follows:

REASON	FROM	TO

My previous leave(s) (*nonsabbatical*) granted has (*have*) been as follows:

REASON	FROM	TO

**Please attach to this application a full description of your sabbatical leave activities. The description should include: (*goals, objectives, abstract of activity - i.e., research, study, articles/textbooks authorships, etc.*) The description should not include more than two double-spaced pages.**

**Summary of Sabbatical Activity**

**The following conditions apply:**

I will file a written report of my accomplishments within one month of regular employment after the completion of my sabbatical leave. If granted a sabbatical, I agree to abide by the terms and the policies governing sabbatical leaves, as fully set forth in the description of sabbatical leaves and the application procedures as contained in the Clark Atlanta University **Faculty Handbook**.

I am obligated to remain in the service of Clark Atlanta University for at least one year after the expiration of the sabbatical leave for which I have herein applied, or to refund the full salary and institutional cost of fringe benefits received while on leave. If I return but fail to perform a full one year return-to-service obligation, then the repayment obligation shall be prorated. Any repayment obligation shall be due in full, one calendar year after the end of the leave period or any subsequent, successive leave periods. If I cannot perform the return-to-service obligations due to death or permanent or total disability, I will be released of all repayment obligations. I understand that determination of permanent and total disability to perform shall be made by the University.

**Submitted By:**

**Approved By:**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Department Chair*

\_\_\_\_\_  
*Present Rank or Title*

\_\_\_\_\_  
*School Dean*

\_\_\_\_\_  
*Department/School*

\_\_\_\_\_  
*Provost and Vice President for Academic Affairs*

\_\_\_\_\_  
*President*