

University of Southern California

Faculty Request for Leave

NAME: _____ USC ID: _____
TITLE: _____ WORK PHONE: _____
SCHOOL/DEPT.: _____ EMAIL: _____

TYPE OF LEAVE:

- | | |
|--|---|
| <input type="checkbox"/> Semester Sabbatical (SS)
(Full-time salary for one semester) | <input type="checkbox"/> Fellowship Leave (FL)
(e.g., Fulbright, Guggenheim, MacArthur, etc.) |
| <input type="checkbox"/> Year Sabbatical (YS-academic year)(YSC-calendar year)
(Half-time salary for one year) | <input type="checkbox"/> Special Leave of Absence—Unpaid (SU)
(Any leave without pay) |
| <input type="checkbox"/> Mini-Sabbatical (MS)
(Half-time salary for one semester) | <input type="checkbox"/> Modification of Duties (MOD)
(Temporary adjustment of FTE and Effort) |
| <input type="checkbox"/> School Paid Leave (SP)
(e.g., Asst Prof Paid Leave ¹ , Research Leave ¹ , ASHSS Sabbaticals, etc.) | <input type="checkbox"/> Phased Retirement (PR)
(Adjustment in FTE and effort until retirement) |
| <input type="checkbox"/> Other (OTHER) Describe: _____ | |

Note: Requests for Faculty Paid Parental Leave are made on a different university form. Additional forms may be required for other leaves (e.g., medical, disability). Please consult with your Home Department Coordinator.

PROPOSED PERIOD OF LEAVE:

DATES Start: _____ End: _____ **TERM:** Fall _____ Spring _____
(MM/DD/YYYY) (MM/DD/YYYY) (YYYY) (YYYY)

MOST RECENT LEAVE and DATE: (e.g., Sabbatical Fall 2012) _____

PURPOSE OF CURRENT LEAVE REQUESTED: (if sabbatical, mini-sabbatical, or Assistant Professor Paid Leave, attach statement describing the proposed project in detail)

COMPENSATION:

Will any outside work for compensation be undertaken during the period of leave? (A faculty member on sabbatical leave should not engage in other activities for remuneration that would intrude on his or her sabbatical research.)

No Yes If yes, details: _____

CONTINGENCIES:

Is this request contingent on any pending matter or external funding such as a fellowship?

No Yes If yes, details: _____

FELLOWSHIP LEAVES: Please forward a copy of your award notification upon receipt.

REMARKS:

FACULTY MEMBER'S SIGNATURE: Note that for sabbaticals, Faculty Handbook section 3-E(2) provides: "It is expected that the faculty member will return to the University for at least one year after sabbatical."

Signature _____ **Date** _____

¹ Discretionary by Dean

TO BE COMPLETED BY CHAIRPERSON

NUMBER OF UNDERGRADUATE COURSES REQUIRING REPLACEMENT TEACHING:

Note that approval of the leave does not guarantee approval of replacement teaching staff.

REMARKS: _____

HOW WILL THE PROPOSED LEAVE AFFECT THE APPROVED BUDGET OF THE SCHOOL?

REMARKS: _____

FOR MODIFICATION OF DUTIES:

DESCRIBE: _____

FOR FELLOWSHIP LEAVES:

Sponsor: _____ Proposed Start Date: _____

Application Due Date: _____ Proposed End Date: _____

Application Notification Date: _____ Stipend Amount: \$ _____

Stipend Payment Schedule: _____

Other Relevant Terms: _____

Fellowship/grant funds routed through USC Yes No

Fellowship/grant funds paid directly to Faculty: Yes No

USC health coverage continued: Yes No

USC contribution to medical/dental benefits continue: Yes No

Core Salary top-off: Yes No

Counts as full-time service: Yes No

CHAIR REMARKS:

Chair's Approval _____ **Date** _____

DEAN REMARKS:

Dean's Approval _____ **Date** _____

PROVOST REMARKS:

Provost's Approval _____ **Date** _____

NEXT ELIGIBILITY DATE FOR SABBATICAL _____