University of Southern California

Faculty Request for Leave

NAME: ___________________________ JOB TITLE: ___________________________

SCHOOL/DEPT: ___________________________ EMPLOYEE ID: ___________________________

TYPE OF LEAVE:

☐ Semester Sabbatical (Full-time salary for one semester)

☐ Year Sabbatical (academic or calendar year) (Half-time salary for one year)

☐ Mini-Sabbatical (Half-time salary for one semester)

☐ School-Paid Leave (e.g., Asst Prof Pd Leave; Research Leave; RTPC ASHSS sabbatical)

☐ Fellowship Leave (e.g., Fulbright, Guggenheim, MacArthur, etc.)

☐ Special Leave of Absence—Unpaid (Any leave without pay)

☐ Modification of Duties (Temporary part-time leave for reduced pay)

☐ Other

Note: Requests for Faculty Paid Parental Leave and disability leave require additional university forms. Please consult your HR Partner.

PROPOSED PERIOD OF LEAVE:

DATES: Start: ___________ End: ___________

(MM/DD/YYYY) (MM/DD/YYYY)

TERM: Fall ___________ Spring ___________

(YYYY) (YYYY)

MOST RECENT LEAVE (TYPE AND DATE): ____________________________________________

SABBATICAL, FELLOWSHIP, OR RESEARCH LEAVES:

Do you currently participate in federally sponsored research or do you plan to do so during your leave? ☐ No ☐ Yes

Will you be spending time outside the United States during your leave? ☐ No ☐ Yes

(This does not include trips to conferences or vacations)

If yes, will you receive any foreign research support? This includes grant support, positions & scientific appointments at foreign institutions, or other in-kind support (e.g. office/lab space, equipment, supplies, employees, & scientific materials).

☐ No ☐ Yes If yes, explain (additional space on p. 2): __________________________________________

If yes, will you receive any personal payments from a foreign institution, have a faculty appointment at a foreign institution, or are you performing research on behalf of a foreign institution (i.e. outside of a grant or contract through USC)?

☐ No ☐ Yes If yes, explain (additional space on p. 2): __________________________________________

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 the faculty member’s sabbatical research.)

☐ No ☐ Yes If yes, explain (additional space on p. 2): __________________________________________

CONTINGENCIES: Is this request contingent on any pending matter (e.g., tenure decision) or external funding (e.g., fellowship)?

☐ No ☐ Yes If yes, explain (additional space on p. 2): __________________________________________

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

REMARKS (additional space on p. 2): __________________________________________

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 ___________________________

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ADDITIONAL FACULTY REMARKS (if more space is needed, please add a separate document): ______________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

This Section to be Completed by Department Chair

NUMBER OF UNDERGRADUATE COURSES REQUIRING REPLACEMENT TEACHING:
____________________________________________________________________________________________________

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

FOR MODIFICATION OF DUTIES: FTE% ________ Effort % ________
Is this a Faculty Handbook 9-B or 9-C leave? If yes, please specify ________________________________________________

FOR UNPAID LEAVES OR MODIFICATION OF DUTIES THAT EXTEND BEYOND ONE YEAR OF LEAVE:
Please discuss with the dean if exceptional circumstances apply. The dean may submit an exception request to the Provost.

FOR FELLOWSHIP LEAVES:
Sponsor: __________________________________________ Proposed Start Date: ______________________
Application Due Date: ____________________________ Proposed End Date: ______________________
Application Notification Date: _______________________ Stipend Amount: ______________________
Other relevant terms: _____________________________________________________________

CHAIR REMARKS:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Chair’s Approval _________________________________________________ Date ______________________

DEAN REMARKS:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Dean’s Approval _________________________________________________ Date ______________________

PROVOST REMARKS:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Provost’s Approval _______________________________________________ Date ______________________
NEXT ELIGIBILITY DATE FOR SABBATICAL ____________________________________________________________

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