

Faculty Request for Leave

NAME: _____

JOB TITLE: _____

SCHOOL/DEPT: _____

EMPLOYEE ID: _____

TYPE OF LEAVE:

Semester Sabbatical (Full-time salary for one semester)

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

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

Special Leave of Absence– Unpaid (Any leave without pay)

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

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

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

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: _____ (MM/DD/YYYY)

End: _____ (MM/DD/YYYY)

TERM: Fall _____ (YYYY)

Spring _____ (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 _____

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 _____