

University of Southern California

**Faculty Request for Leave**

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SCHOOL/DEPT: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

**TYPE OF LEAVE:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Semester Sabbatical<br>(Full-time salary for 1 semester) | <input type="checkbox"/> Year Sabbatical (AY, FY or calendar year)<br>(Half-time salary for one year) | <input type="checkbox"/> Mini-Sabbatical<br>(Half-time salary for one semester)               |
| <input type="checkbox"/> ASHSS Early Sabbatical (one semester—tenured faculty)    | <input type="checkbox"/> ASHSS Paid Leave (one semester—tenure track and RTPC faculty)                | <input type="checkbox"/> School Paid Leave (e.g., Asst Prof Paid Leave, Research Leave, etc.) |
| <input type="checkbox"/> Fellowship Leave (e.g., Fulbright, Guggenheim, etc.)     | <input type="checkbox"/> Special Leave of Absence – Unpaid (Any leave without pay)                    | <input type="checkbox"/> Modification of Duties (Temporary part-time leave at reduced pay)    |
| <input type="checkbox"/> Other Leave (describe): _____                            |   |   |

*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: \_\_\_\_\_ **TERM:** Fall \_\_\_\_\_ Spring \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY) (YYYY) (YYYY)

**MOST RECENT LEAVE (TYPE AND DATE):** \_\_\_\_\_

**PURPOSE OF CURRENT LEAVE REQUESTED:** *(if sabbatical, mini-sabbatical, or Assistant Professor Paid Leave, attach statement describing the proposed project in detail; for fellowship leaves, please attach your award notification and proposal)*

**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, please explain: \_\_\_\_\_

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, please explain: \_\_\_\_\_

**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, please explain: \_\_\_\_\_

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

No  Yes If yes, please explain: \_\_\_\_\_

**REMARKS** *(attach a separate sheet if more space is needed):* \_\_\_\_\_

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

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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?**

\_\_\_\_\_

**Additional Leave Information**

**FOR MODIFICATION OF DUTIES:** Please specify the FTE to be worked during the Modification of Duties leave \_\_\_\_\_%

Is this a Faculty Handbook 3-D(8)(c) or 3-D(8)(d)? If yes, please specify \_\_\_\_\_

**FOR UNPAID LEAVES OR MODIFICATION OF DUTIES THAT EXTEND BEYOND ONE YEAR OF LEAVE:**

If the dean supports the request, the dean should submit a memo to the provost explaining the reasons for the exception.

**FOR FELLOWSHIP LEAVES:**

Sponsor: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Application Due Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Application Notification Date: \_\_\_\_\_ Stipend Amount: \_\_\_\_\_

Other relevant terms: \_\_\_\_\_

Fellowship funds routed through USC  Yes  No USC contrib. to health ins. continued:  Yes  No

Fellowship funds paid directly to Faculty:  Yes  No Core Salary top-off:  Yes  No

USC health coverage continued:  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 \_\_\_\_\_

**IF A SABBATICAL WAS REQUESTED, NEXT ELIGIBILITY DATE FOR SABBATICAL** \_\_\_\_\_