

Chairperson _____

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Provost's Office _____

Application for Sabbatical Leave

Name:

Home Address:

School:

Department:

Date of Initial Full Time Appointment at NYU:

Effective Date of Tenure:

Have you been granted a previous sabbatical? Yes No

If "Yes" please indicate period and salary schedule:

Dates		Salary
From	To	Percentage of Base Salary Received

Current Application

Please select the duration of your requested sabbatical.

Year

Half-year

Note: Faculty taking a full year sabbatical are paid a portion of total salary allocated to research and education. Faculty taking a half year sabbatical are paid their full salary allocated to research and education.

Interval or dates of contemplated leave:

Estimated time required to complete project:

Form of finished project (e.g. book, report, article):

Please include a short description of your sabbatical project (additional page may be appended)

Are you currently serving as the Principal Investigator, Co-Investigator, or in a Senior/Key personnel role on either an extramurally funded sponsored project or any project with an associated non funded research or data use agreement managed by Sponsored Programs Administration (SPA)? Yes No

Note: If "Yes", please coordinate with SPA.

If you have applied for supplemental financial aid to an outside agency, for the period of the proposed sabbatical, please state:

Name of agency:

Address of agency:

Amount of supplemental financial aid sought:

Nature and extent of commitment received:

I understand that if granted sabbatical, I am obligated to return to my position at full service for a minimum of two years and will not accept a position elsewhere during that time.

Applicant's Signature:

Date: