**ST. BONAVENTURE UNIVERSITY**

**ST. BONAVENTURE, NY 14778**

**LEAVE APPLICATION FORM**

Name: Academic Rank or Title:

Department: No. of Years on Faculty at SBU:

I am applying for a Research Leave from , 20 to , 20 at full pay

 Sabbatical Leave half pay

 Study Leave

in accordance with the provisions of the *Faculty Status and Welfare Handbook* governing such leaves.

**PLEASE ATTACH A DETAILED DESCRIPTION OF THE LEAVE PROJECT AND**

**PLANS, INCLUDING CURRENT STATUS OF THE WORK.**

My previous leaves of absence (in reverse chronological order) were:

 From to Type of Leave

 From to Type of Leave

 From to Type of Leave

 **LEAVE REPORTS FROM ANY PREVIOUS SABBATICAL LEAVES MUST BE SUBMITTED WITH THE APPLICATION.**

I hereby agree by the terms of the regulations governing leaves set forth in the *Faculty Status and Welfare Handbook.*

 Applicant’s Signature Date

**APPLICANT:** By **September 2, 2024**, submit completed form and leave plans to Chair (via Moodle).

**CHAIR:** By **September 20, 2024**, submit leave endorsement together with an assessment of how the leave will improve the growth of the individual and the academic program together with plans to minimize the impact of applicant’s absence to Dean (via Moodle).

**DEAN:** By **October 18, 2024**, submit leave recommendation together with a copy of previous leave report to the Academic Vice President (via Moodle).

**ACADEMIC VP:** By **November 15, 2024**, submit leave recommendations to Faculty Committee on Recommendations (via Moodle).