# **A black text on a white background Description automatically generated with medium confidence**

# **Application for Sabbatical Leave or Voluntary Leave of Absence Without Pay**

**Overview:**

Employed Faculty are eligible for sabbatical or a voluntary leave of absence without pay to pursue scholarly activities, gain new skills and knowledge, and/or enhance their professional development. Faculty Members are expected to commit sufficient effort to complete the activities proposed for the sabbatical or leave of absence.

**Please note** that this form is not intended for the purposes of medical leave or other types of leaves (personal, jury, military, worker’s compensation, etc.). Information may be found on these at the Office of Human Resources’ intranet: [Leaves of Absence - Home (sharepoint.com)](https://umassmed.sharepoint.com/sites/hr/leaveofabsence/SitePages/Home.aspx?csf=1&web=1&e=CaHL1Z&cid=58103f0b-76b6-443a-8677-f0f38f670569)

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| --- | --- | --- |
| **Date:** Click or tap here to enter text. | | **Rank:** Click or tap here to enter text. |
|  | |  |
| **Name:** Click or tap here to enter text. | |  |
|  | |  |
| **Department:** Click or tap here to enter text. | | **Division:** Click or tap here to enter text. |
|  | |  |
| **Date of Employed Appointment:** | Click or tap here to enter text. | |

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| **Tenure:** | **Yes** |  | **No** |  |

**This application is a request for:**

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| **Sabbatical Dates:** | | | From: Click here. | | To: Click here. | | Or: Click here. | | | |
|  | | | | |  | |  | | | |
| **Voluntary Leave of Absence Without Pay** dates: | | | | | From: Click here | | To: Click here | | |
| **Contact Information During Leave**: | | | |  | |  | | |
| Phone Number: | Click or tap here to enter text. | | | | | |
| Email Address: | Click or tap here to enter text. | | | | | |

**Sabbatical:**

**Eligibility-** Per [Section 5.6](https://www.umassmed.edu/ofa/governance-policies/academic-personnel-policy/Article5/#APP5.6) of the Academic Personnel Policy (APP), all employed faculty are eligible for a sabbatical, with the except of UMass Chan employed Professionally-Salaried Faculty (Section 5.2.a.ii). Eligible individuals must have at least six years of full or part-time service as a UMass Chan Faculty Member, and must not have taken a sabbatical leave in the previous seven years.

Requests for sabbatical by Faculty Employed by UMMH or a University-Approved External Foundation or Agency are subject to approval by UMMH or the external foundation or agency.

A subsequent sabbatical leave may not begin before an individual has completed full-time service for six years (72 months) since the end of the most recent sabbatical leave. If a sabbatical is one semester at half-pay, a subsequent sabbatical leave may not begin before an individual has completed full-time service for three years (36 months) since the end of the most recent sabbatical leave.

**Sabbatical Application:**

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| 1. Have you had a sabbatical during the past 7 years? Yes:  No: |
|  |
| 1. If yes- list previous dates of leave: Click or tap here to enter text. |
|  |
| 1. Describe the activities proposed for the sabbatical. Include where your sabbatical will be conducted: |
| Click or tap here to enter text. |
| 1. Assess the importance of these activities to your career goals and the potential benefits to the Department and the School: |
| Click or tap here to enter text. |
| 1. Describe any scholarships, fellowships, grants, or other salaried employment or external compensation that the Faculty Member will receive during the sabbatical. Such compensated activities must not conflict with the Faculty Member’s commitment to the activities proposed for the sabbatical: |
| Click or tap here to enter text. |

1. **Faculty may request one of the following options for sabbatical:**

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|  | Full salary for 6 months (which includes 2 weeks of vacation); |
|  | Half salary for 12 months (which includes 4 weeks of vacation); or |
|  | Half salary for two non-consecutive 6-month periods (each including 2 weeks of vacation). |

1. **Sabbatical Report:**

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| --- | --- |
|  | I understand that, in accordance with [Section 5.6.e](https://www.umassmed.edu/ofa/governance-policies/academic-personnel-policy/Article5/#APP5.6) of the Academic Personnel Policy, “Each recipient must submit, upon their return, a written report of their activities and the progress achieved on the goals of the sabbatical to the Provost’s designee for faculty affairs and, as applicable, the chair, dean and director. This report must be evaluated in the Faculty Member’s next APR |

**Please note:**

**Requirement for Return**. Recipients of a sabbatical must return to duty as a UMass Chan Faculty Member for at least one year of service immediately following the expiration of the leave. A Faculty Member may submit a written request to the Provost or their designee for faculty affairs to postpone the required return for a period no longer than the length of the sabbatical. This request must include the rationale for postponement and an acknowledgment by the Faculty Member that their obligation to return for a full year of service remains in effect. Failure to return obligates the Faculty Member to refund any salary received during sabbatical.

**Voluntary Leave of Absence Without Pay:**

**Eligibility-** In accordance with [Section 5.7](https://www.umassmed.edu/ofa/governance-policies/academic-personnel-policy/Article5/#APP5.7) of the APP, faculty may choose to take a voluntary leave of absence without pay for reasons of advanced study and research, or in connection with temporary employment or service which will be of value to the Faculty Member and to UMass Chan Medical School.

**Unpaid leave will affect your benefits including GIC insurances and retirement. For more information, contact the HR Benefits Team**: [Benefits.UMMS@umassmed.edu](mailto:Benefits.UMMS@umassmed.edu) **or call (508) 856-5260, Option 1**

**LOA Application:**

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| 1. Describe the activities proposed for the leave of absence: |
| Click or tap here to enter text. |
| 1. Assess the importance of these activities to your career goals and the potential benefits to the Department and the School: |
| Click or tap here to enter text. |
| 1. Describe any scholarships, fellowships, grants, or other salaried employment or external compensation that the Faculty Member will receive during the leave of absence. Such compensated activities must not conflict with the Faculty Member’s commitment to the activities proposed for the leave of absence: |
| Click or tap here to enter text. |

**Both Types of Leave:**

For both Sabbatical and Voluntary Leave of Absence Without Pay you may need to be in contact with the following offices. Please consult with your department if you have questions:

|  |  |
| --- | --- |
|  | Departmental Administrator |
|  |  |
|  | Office of Research (Grants Management) |
|  |  |
|  | Office of Management (Conflict of Interest) |
|  |  |
|  | BRIDGE (as applicable) |

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|  | | I have contacted and consulted with the appropriate Departmental and University Offices prior to my Sabbatical or Voluntary Leave of Absence | | |
|  | |  | | |
|  | | If I am granted a sabbatical leave, I hereby agree to return to my employment at the University of Massachusetts Chan Medical School for a period of not less than one full academic year following the year in which the leave is taken. | | |
|  | |  | | |
|  | | I certify that this information is complete and correct. | | |
|  | |  | | |
| Print Name: | | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Faculty Member’s Signature: |  | Date: Click here. |

**Review and Approval**

**Department Chair, Program Director, or Tan Chingfen Graduate School of Nursing Dean:**

I approve the request for sabbatical or leave of absence as described above:

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: Click here. |

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |

**Provost:**

|  |
| --- |
| Comments and determination: |
| Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Approval Status | Accepted | Declined | |
| Signature: |  | | Date: Click here. |

**President of UMMMG (if applicable):**

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| --- | --- | --- | --- |
| Approval Status | Accepted | Declined | |
| Signature: |  | | Date: Click here. |

**For Internal Use only:**

**This form must be forwarded to Human Resources and the Departmental Academic Administrator**

**If this is an international request the form must also be provided to the Office of Management**.