**Cover Sheet**

**Faculty Sabbaticals**

Forward proposals to chair of appropriate subcommittee:

Chair of Faculty Research and Development Committee

Chair can be found on Faculty Senate Webpage at this link: <http://solomon.longwood.edu/offices--departments/faculty-senate/>

Proposals for Sabbaticals are due the **first day of spring semester**

**All submissions must follow the guidelines provided below. Submissions that do not follow these current guidelines will not be considered for approval.**

**Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the current proposal is accepted/funded, the University Committee on Faculty Development would like to make the document available in the future for perusal by other faculty, on a University website, to serve as an example of a successful proposal. All personally identifying information will be deleted from the proposal before it is made available to the faculty. All applications for Sabbaticals, Connections, and Research and Development Grants, notification letters, and reports submitted upon completion of leaves and grants will be stored electronically so that they may be readily available to the members of the Committee on Faculty Development and University administrators as needed in connection with future leave and grant applications.**

**I agree** [ ]  **I do not agree** [ ]

 **to allow the University to use the current proposal in future years as an example of a successful proposal.**

**I am submitting a proposal for a Faculty Sabbatical. Below, please indicate the semester and year during which you are proposing to take the sabbatical.**

**Fall** [ ]  **Spring** [ ]  **Full year** [ ]  **Year:** Click here to enter text.

**Please indicate whether or not you have been granted tenure.**

**Yes** [ ]  **No** [ ]

**Please indicate the number of years of full-time service at Longwood University that you have completed.**

Click here to enter text.

**Below, please indicate whether or not you have previously been granted a sabbatical at Longwood.**

**Yes** [ ]  **No** [ ]

**If yes, please indicate the semester(s) and year(s) of previous sabbaticals in the box below.**

Click here to enter text.

**SIGN OFF SHEET FOR FACULTY SABBATICALS PROPOSAL APPROVAL**

FACULTY MEMBER

Click here to enter text.

SEMESTER(S)

Click here to enter text.

It is the responsibility of the proposal writer to inform the Department Chair of the proposal’s potential impact upon teaching load, advising, committee service, or department support service. Furthermore, the proposal writer is responsible for obtaining all signatures in a timely fashion.

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the box below, please provide an explanation of how faculty member’s departmental responsibilities will be addressed during the leave of absence.

Click here to enter text.

College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of Proposal

**Yes** [ ]  **No** [ ]

In the box below, please indicate the estimated cost of replacing the faculty member during the leave of absence.

Click here to enter text.

**Sabbatical Application**

**Previous Awards**

In the space below, please indicate and explain any previous awards received from this committee (sabbatical, faculty research grant, faculty development grant, faculty connections leave). For each received, please indicate the following:

1. The type of award
2. The year of the award
3. The proposed use of the award
4. The outcomes of the award (productivity)

Click here to enter text.

**Goals**

In the space below, please describe the project goals with attention to specificity, clarity, creativity, and originality. Describe your expectations for completion of the project. If the project will not be completed during the sabbatical leave, explain how and when the project will be completed. Clearly indicate which semesters(s) you wish to take the sabbatical and provide a timeline for completion of goals outlined.

Click here to enter text.

**Justification for sabbatical leave**

In the space below, please explain why this project could not be undertaken in the course of normal university responsibilities.

Click here to enter text.

**Benefit to Longwood**

In the space below, please explain the value of your project to you and your profession in terms of teaching, research, scholarship, and/or service, to your department, to Longwood University, and to your students in terms of your research, scholarship, teaching and/or service. Include any additional information that you believe will support the application in terms of professional development.

Click here to enter text.

**Alterations to Criteria for Faculty Evaluation**

In the space below, please outline any alterations to criteria for annual faculty evaluation anticipated if a faculty sabbatical is granted. The form for faculty evaluation and performance evaluation can be located in the FPPM. The following information regarding faculty evaluation and sabbaticals comes from the FPPM:

 “If a faculty member is granted a sabbatical or a connections leave in an upcoming academic year, then the faculty member and the Department Chair will establish appropriate criteria for evaluation at the end of the current academic year. Establishing these criteria may involve lowering minimum percentages of teaching, scholarship, and/or service in a typical faculty evaluation; the Chair and the college Dean must approve any such reductions. All criteria will be in writing, and a copy of these criteria will be given to the faculty member, Chair, college Dean and PVPAA.

 If the sabbatical is for the full contract year, then the evaluation should be based exclusively on the parameters of the approved sabbatical. If the sabbatical is for one-half the contract year or the faculty member is part of the Connections program, then the evaluation of areas of teaching, scholarship, and/or service that are not related to the sabbatical or Connections will occur solely for the semester in which the faculty member is not on sabbatical or Connections. For areas of teaching, scholarship, and/or service that are part of the sabbatical or Connections, evaluation must include elements of faculty performance during both semesters.

Altered criteria may involve lowering minimum percentages of teaching, scholarship, and/or service in a typical faculty evaluation; the Chair and the college Dean must approve any such reductions. All criteria will be in writing, and a copy of these criteria will be given to the faculty member, Chair, college Dean, and PVPAA.”

Click here to enter text.

**Vita**

In the space below, please insert your most up to date curriculum vita.

Click here to enter text.