



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

**Request for Sabbatical/Educational Leave in
Excess of Three Months**

Use this form to request sabbatical/educational leave in excess of three months. All employees contemplating sabbatical/educational leave should contact their dean to discuss options. Per Board Policy 4:15, the number of all faculty member improvement, career redirection or sabbatical leaves granted by an institution during any fiscal year shall not exceed five percent (5%) of the faculty members or one (1) FTE, whichever is greater, in any one (1) year.

NAME:	
POSITION/TITLE:	
UNIVERSITY:	
DEPARTMENT:	
DATE:	

1. Type of Employee (place an "X" in the appropriate box):

Faculty Unit Member Non-Unit Member Non-Faculty Exempt

2. Years of full-time system employment:

3. Tenure awarded date:

4. Type of leave requested:

Faculty member improvement leave Sabbatical leave

5. Proposed date of leave:

_____ Semester _____
(Fall or Spring) (Year)

Academic Year _____

Other (specify dates) _____

6. Brief summary of leave request (statement must appear here so page can stand alone as a summary):

7. List previous sabbatical/educational leaves and/or leaves of absence (*add additional lines if needed*):

Date	Purpose & Type of Leave

8. Provide a description of proposed leave plan, including: a) *Present state of the project, time of commencement, progress to date, expected completion date and publication date, if applicable*; b) *Place/location where project will be carried out and authorities to be consulted*; c) *Cooperative arrangement for conducting the project*.

9. Explain the applicant's preparation for the leave and the significant contribution in the field of activity with which the project is concerned:

10. What is the relationship of the project to the applicant's professional objectives:

11. What are the proposed arrangements for financial support (supply complete details, including anticipated remuneration):

Applicant Statement

I understand that the Sabbatical Leave or Non-Faculty Exempt Educational Leave, if granted me, is to be used in study, research, scholarly writing, or other means of professional improvement. If granted this leave, I shall continue to serve this institution following the expiration of the leave or repay the institution in accordance with Board of Regents requirements and, where applicable, with the collective bargaining agreement. I likewise agree to submit to the Chair of the Department, Dean of the College/School, and to the Vice President for Academic Affairs a report in writing, immediately upon my return to the University, outlining work accomplished during the period of leave.

Signature of Applicant

Date

Return completed forms to your immediate supervisor at your institution

TO BE COMPLETED BY IMMEDIATE SUPERVISOR

12. Analysis of Plan:

13. Institutional Plans to Meet Employee Duties During Leave:

14. Salary Information

Current Salary: _____ **Estimated Leave Salary:** _____

Plan for Salary Savings:

RECOMMEND APPROVAL: (Supervisor should attach proposal for covering duties of position during employee's absence. Additional statements may be attached as needed.)

Supervisor	Date
Dean/Director	Date
Vice President	Date
President	Date

After receiving the appropriate campus approval, this form and the accompanying supporting documents should be sent to the Board of Regents office.