



ADMINISTRATIVE FACULTY SENATE

SUOAF Sabbatical Leave Request and Recommendation Form

BOR/SUOAF-AFSCME Contract Article 24.8

Important: Please Forward to Supervisor by Application Deadline

Applicant Information

Name * _____

Date * _____

Department * _____

Start and End Date of SUOAF-AFSCME Sabbatical * _____ to _____

Dates of Last Sabbatical (if applicable) _____

Sabbatical Type and Application Details

Type of Sabbatical

Select one

- ☐ Short-Term (2-8 weeks) - Quarterly cycle
- ☐ Mid-Term (9-26 weeks) - Quarterly cycle
- ☐ Long-Term (27-52 weeks) - Select application pathway below

Long-Term Sabbatical Application Pathway

Complete only if selecting Long-Term above

- ☐ Annual Priority Deadline (October 1st) for sabbaticals beginning July 1st or later
- ☐ Quarterly Cycle

Application Deadline Used

- ☐ January 1 (Winter Cycle)
- ☐ April 1 (Spring Cycle)
- ☐ July 1 (Summer Cycle)
- ☐ October 1 (Fall Cycle or Long-Term Priority)

SUOAF Sabbatical Leave Request and Recommendation Form

Eligibility Requirement: Candidate Must Have Completed At Least Six Years Of Full-Time Service Since Initial Appointment Or Any Previous SCSU Sabbatical. (Candidates may apply in their sixth year of service; however only members with continuing appointment may take a sabbatical leave.)

Sabbatical Project Proposal

I. Project Overview

A. Title of Project _____

B. Brief Summary (100-200 words)

II. Project Merit and Alignment (25%)

A. Statement of purpose and objectives

Clearly state your project's purpose and specific objectives.

B. Alignment with University Mission

Explain how this project aligns with the university's R2 mission and strategic goals.

SUOAF Sabbatical Leave Request and Recommendation Form

C. Scholarly/Creative Merit

Describe the scholarly/creative merit and originality of the project. How does it contribute to your field?

III. Institutional Benefit (25%)

A. Operational Enhancement

How will this project enhance administrative processes or services at the university?

B. Knowledge Transfer Plan

Provide a detailed plan for sharing knowledge gained across the institution.

C. Lasting Impact

Describe expected long-term institutional benefits with measurable outcomes.

SUOAF Sabbatical Leave Request and Recommendation Form

IV. Feasibility and Planning (20%)

A. Project Timeline

Provide a detailed project timeline with milestones and deliverables.

B. Impact on Operations

Describe the potential impact on departmental operations during your absence. (Note: The operational coverage plan will be developed by your supervisor and VP, but your insight on potential impacts is valuable.)

C. Resource Requirements

Detail budget and resource requirements with justification.

V. Applicant Readiness (15%)

A. Experience and Preparation

Describe your existing knowledge and/or preliminary work related to the project (include citations to the literature as appropriate).

SUOAF Sabbatical Leave Request and Recommendation Form

B. Professional Track Record

Summarize recent performance achievements relevant to this project.

C. Clarity of Purpose

Explain how this sabbatical advances your professional goals and trajectory.

VI. Special Considerations (15%)

A. Timing and Opportunity

Provide justification for the specific timing of this sabbatical. If applying for a long-term sabbatical via quarterly cycle instead of the October 1st priority deadline, explain your reasoning.

B. Innovation and Distinction

Describe innovative or distinctive elements of your project.

SUOAF Sabbatical Leave Request and Recommendation Form

C. External Visibility

Discuss potential for external visibility or recognition (e.g., publications, presentations, partnerships).

VII. Expected Outcomes

A. Specific Deliverables

List specific deliverables and products expected from this sabbatical.

B. Relationship to Previous Work

If applicable, describe relationship to previous sabbatical projects.

SUOAF Sabbatical Leave Request and Recommendation Form

VIII. Self-Assessment Against Rubric Criteria

Please rate your proposal against each major category of the evaluation rubric and provide a brief justification:

Rating Scale:

4 - Exceptional/Outstanding

3 - Good/Satisfactory

2 - Fair/Needs Improvement

1 - Poor/Inadequate

Project Merit and Alignment:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Justification:

Institutional Benefit:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Justification:

Feasibility and Planning:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Justification:

SUOAF Sabbatical Leave Request and Recommendation Form

Applicant Readiness:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Justification:

Special Considerations:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Justification:

Applicant Acknowledgment

I affirm that all information provided in this application is accurate and complete. I understand and agree to the conditions outlined in the BOR/SUOAF-AFSCME Contract Article 24.8 and SCSU Administrative Faculty Sabbatical procedures, including the requirement to present my sabbatical project to the Administrative Faculty Senate and/or campus community upon my return.

Applicant Signature

Date

Approval Process

Supervisor

Recommend:

☐ Yes

☐ No*

Supervisor Signature

Date

SUOAF Sabbatical Leave Request and Recommendation Form

Vice President

Recommend:

☐ Yes

☐ No*

Vice President Signature

Date

Sabbatical Leave Committee

FOR COMMITTEE USE ONLY

Comments: _____

Recommend:

☐ Yes

☐ No*

Sabbatical Leave Committee Chair or Designee Signature

Date

University President

Recommend to Board of Regents:

☐ Yes

☐ No*

University President Signature

Date

** If request is denied at any level, a written explanation will be provided to the member.*