

Intent to Apply

Administrative Faculty Sabbatical Leave
BOR/SUOAF-AFSCME Contract | Article 24.8

Submit to the
Sabbatical Leave
Committee
by August 15

A. Applicant Information

Name _____

Department / Office _____

Position / Title _____

Email Address _____

Supervisor _____

Years of SUOAF Service at SCSU _____ Years of Full-Time Service at SCSU _____

Date of Last Sabbatical (if applicable) _____

B. Sabbatical Type

Select the sabbatical type you are planning to pursue:

Type	Duration / Compensation
<input type="checkbox"/> Short-Term	2–8 weeks Full pay
<input type="checkbox"/> Mid-Term	9–26 weeks Full pay
<input type="checkbox"/> Long-Term	27–52 weeks Half pay

Preferred Start Date _____ Preferred End Date _____

C. Project Information

Working Title of Project _____

Brief Project Description

Provide a general overview of your sabbatical project: its purpose, primary activities, and intended outcomes. (200–300 words)

Primary Focus Area (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Professional Development / Training | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Administrative Process Improvement | <input type="checkbox"/> External Partnership Development |
| <input type="checkbox"/> Scholarly Research | <input type="checkbox"/> Other: _____ |

Alignment with University Mission

Briefly describe how your project aligns with SCSU's R2 mission and current strategic priorities. (100–150 words)

D. Scholarly Foundation

These prompts are intentionally brief at the Intent stage. You are not expected to submit a literature review. The committee uses your responses here to provide early, targeted guidance as you develop your full proposal.

Gap or Problem Statement

What problem, gap in practice, or opportunity does this project address? What is currently unknown, underdeveloped, or in need of improvement in your field or at the institution? (100 words)

Foundational Literature / Evidence Base

Identify 3–5 key sources, studies, frameworks, or models that inform your project. These may include scholarly literature, professional association research, peer institution practices, or field-specific reports. You may use a citation format of your choice. (100–150 words)

E. Anticipated Institutional Benefit

How might this project benefit the university?

Briefly describe expected benefits to SCSU — to students, programs, administrative functions, or the broader institutional mission. (100–150 words)

F. Support Needs Assessment

Where do you anticipate needing guidance? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Refining project scope | <input type="checkbox"/> Developing knowledge transfer strategies |
| <input type="checkbox"/> Developing timeline and milestones | <input type="checkbox"/> Strengthening scholarly grounding |
| <input type="checkbox"/> Budget and resource planning | <input type="checkbox"/> Understanding operational coverage planning |
| <input type="checkbox"/> Identifying institutional alignment | <input type="checkbox"/> Other: _____ |

Specific questions for the committee at this time:

Preferred consultation format:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Written feedback only |
|----------------------------------|--|

G. Acknowledgment and Signature

By signing below, I confirm that the information provided is accurate and complete. I understand that this form initiates the sabbatical process and that I must submit a full Sabbatical Leave Request Form by October 1 to be considered for leave. I authorize the Sabbatical Leave Committee to contact me with guidance and to notify my supervisor, Vice President, and Human Resources.

I also acknowledge that:

- Deadlines and timelines may be modified by the AFS President in exceptional circumstances.
- My application may proceed through the review process even without a recommendation at a prior level.
- If my application receives a negative recommendation at any level, I am encouraged to work with those reviewers to address concerns before the full application deadline.

Applicant Signature _____

Date _____

H. For Committee Use Only

Date Received	
Committee Contact	
Initial Assessment	<input type="checkbox"/> Project concept appears well-aligned with sabbatical objectives <input type="checkbox"/> Project concept requires refinement in certain areas <input type="checkbox"/> Project concept may need significant redirection
Initial Feedback Provided <i>Method and Date</i>	
Notifications Sent	<input type="checkbox"/> Supervisor <input type="checkbox"/> Vice President <input type="checkbox"/> Human Resources
Committee Chair Signature	
Date	