



# SABBATICAL LEAVE CHECKLIST

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## 1. ELIGIBILITY AND APPLICATION REQUIREMENTS; SUBMISSION TO DPC BETWEEN OCTOBER 1 AND OCTOBER 10

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- At least six consecutive academic years satisfied (Refer to: MSP Agreement, Article XXI for details)
- Specify the period for which sabbatical leave is requested (a period of one year at half pay or a period of half year at full pay)
- Detail the nature of your planned activity during the sabbatical leave and its relationship to your objectives and role at the University
- Identify the place(s) where the sabbatical leave activity is expected to take place
- Disclose any financial compensation relative to the purpose for which sabbatical leave has been requested including, but not limited to grants, fellowships and teaching
- Complete Sabbatical Leave Form\* and submit to Department Personnel Committee between October 1 and October 10 of the academic year preceding the academic year in which sabbatical leave is requested

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## 2. DEPARTMENT PERSONNEL COMMITTEE; SUBMISSION TO COLLEGE DEAN BY OCTOBER 30

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- Review applications for sabbatical leaves promptly
- Make recommendations to grant and prioritize sabbatical leave requests
- Write up detailed departmental impact statements indicating how the teaching will be covered along with an estimated cost of teaching replacement and the value of salary savings, by individual faculty member.
- Submit recommendations to the College Dean, together with a departmental impact statement, by October 30 of the academic year preceding the year in which sabbatical leaves have been requested

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## 3. COLLEGE DEAN; SUBMISSION TO THE PROVOST BY NOVEMBER 10

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- Review applications and recommendations from DPC for sabbatical leaves promptly
- Make recommendations to support and establish a priority list of names of recommended individuals
- Write up detailed departmental impact statements indicating how the teaching will be covered along with an estimated cost of teaching replacement and the value of salary savings.
- Submit Dean's recommendation to the Provost, along with a departmental impact statement and resolution statement for the college, by November 10 of the academic year preceding the year in which sabbatical leaves have been requested. This should include an excel spreadsheet with the salary savings by individual faculty member and the cost of adjunct replacement for courses due to sabbatical leaves.

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## 4. PROVOST; SUBMISSION TO THE CHANCELLOR BY NOVEMBER 25

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- Review applications, recommendations from DPC and College Deans for sabbatical leaves promptly
- Summarize a list of approved sabbatical leave requests along with an impact and resolution statement for the University
- Submit Provost's recommendations of approved sabbatical leave requests to the Chancellor, along with a departmental impact statement and resolution statement for the college, by November 25 of the academic year preceding the year in which sabbatical leaves have been requested

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## 5. CHANCELLOR; OFFICIAL NOTIFICATION TO THE FACULTY BY DECEMBER 10

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- By December 10, the Chancellor shall notify faculty regarding their sabbatical leave requests

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## 6. APPEAL OF DENIAL OF SABBATICAL LEAVE REQUEST

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- If a request for sabbatical leave is not positively recommended at any level of the review process, the faculty member may appeal the negative recommendation to the Chancellor



**SABBATICAL APPLICATION FORM**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of last sabbatical: \_\_\_\_\_

Sabbatical Request for:

\_\_\_\_\_ Fall

\_\_\_\_\_ Spring

\_\_\_\_\_ Full Academic year

Purpose of Sabbatical:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will sabbatical take place?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach signed copy of Appendix A-10 from MSP/UML Agreement, along with a copy of Curriculum Vitae (Appendix A-9), and submit to Department Personnel Committee during specified application period.

APPENDIX A-9

UNIVERSITY OF MASSACHUSETTS LOWELL  
Personnel Form #6

COMPREHENSIVE PROFESSIONAL VITAE (Full-Time Faculty/Librarians)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(last) (first) (middle)

Department(s): \_\_\_\_\_

College(s) or Service Unit(s): \_\_\_\_\_

Rank or Title \_\_\_\_\_ Field \_\_\_\_\_

A. EDUCATION AND ACADEMIC QUALIFICATIONS

1. Education (specify degree institutions, dates, honors, major fields of study, etc.)

2. Academic Experience (length of time at each institution, rank(s) held, etc.)

B. PROFESSIONAL ACTIVITIES

1. Professional Association Participation (state nature of participation: paper read, panel discussant, office holder, etc.)

2. Professional Honors and Awards

3. Non-Teaching Activities (Consulting and Other Professionally Related Work

C. RESEARCH

1. Grants & Contracts

2. Academic & Professional Publications (Citations must include full and exact references; reprints of publications must be available for submission and must be submitted when requested. Use back of this page if additional space is needed.)

3. Other Research or Creative Activities - Performances, Exhibitions, etc. (Copies of unpublished manuscripts, and programs and/or critical reviews of creative activities must be available for submission and must be submitted when requested. Use back of this page if additional space is needed.)

D. INSTRUCTION RELATED ACTIVITY

1. Teaching (Courses taught, number of years, undergraduate-graduate levels, etc.)

2. Other Activity and Accomplishments Related to the Instructional Function

E. SERVICE ACTIVITIES

1. Community Activities Related to Professional Field

2. Committee Activities (Indicate if department, college or university level.)

3. Other Service to the University

## APPENDIX A-10

### MEMORANDUM OF AGREEMENT FOR SABBATICAL LEAVE OF ABSENCE

PF-15

I affirm that the purpose of my sabbatical leave is as stated in my approved sabbatical leave plan. I agree to submit to the Provost any change of sabbatical leave plan prior to the beginning of my sabbatical leave period, and I also agree not to implement any change of leave plan without his explicit approval. Such approval shall not be withheld unreasonably. In the event that I have filed a change of sabbatical leave plan, the Provost shall notify me that my change of plan has been accepted (and that my sabbatical leave may proceed as scheduled) or that my change of plan has been rejected and that my sabbatical leave has been canceled. If such cancellation occurs at least two months prior to the date on which my sabbatical leave was originally scheduled to begin, I shall return to the University to resume my regular faculty duties or I shall request a change of leave status from sabbatical leave of absence to leave of absence without pay, such request to be without prejudice to my contractual grievance rights or to my right to appeal the decision of the Provost to the Chancellor.

I affirm that I shall not accept full-time employment during my official sabbatical leave period and that I have divulged in my official sabbatical leave plan all financial compensation relative to the purpose for which sabbatical leave has been authorized. Prior to the beginning of my sabbatical leave period, I agree to secure the approval of the Provost for any unanticipated additional compensation relative to the purpose for which sabbatical leave has been authorized. Such approval shall not be withheld unless, in the reasonable view of the Provost, the unanticipated additional compensation is contrary to the purpose for which sabbatical leave has been authorized. I further agree either to abide by the decision of the Provost or to file with him one of the following requests: (1) a request to resume my faculty duties pending review of my additional compensation if these events occur at least two months prior to the date on which my sabbatical leave was originally scheduled to begin, or (2) a request for a change of leave status from sabbatical leave of absence to leave of absence without pay, such request to be without prejudice to my contractual grievance rights or to my right to appeal the decision of the provost to the Chancellor. If my sabbatical leave is canceled or changed to leave of absence without pay before the date on which my sabbatical leave was originally scheduled to begin, such cancellation or change shall be without prejudice to my subsequent eligibility for sabbatical leave. If my sabbatical leave is canceled or changed to leave of absence without pay after the date on which my sabbatical leave was scheduled to begin, such cancellation or change shall prejudice my subsequent eligibility unless the decision of the Provost is overturned by the Chancellor in resolution of a grievance which I have filed.

Within one semester following completion of my sabbatical leave, and at a time within this period designated by the Provost, I agree to submit to my chairperson and college dean a written report detailing my achievements during the official sabbatical leave period.

I understand that failure to comply with the aforesaid provisions of this Memorandum of Agreement constitutes default of my approved sabbatical leave and pending any subsequent determination of the Chancellor of the University of Massachusetts Lowell, I agree to repay to the Commonwealth of Massachusetts such University salary as the Chancellor has determined.

Upon termination of authorized sabbatical leave, I further agree to return to the service of the University of Massachusetts Lowell for a period equal to twice the length of granted sabbatical leave and that in default of completing such service I agree to refund to the Commonwealth of Massachusetts, unless excused therefrom by the Chancellor of the University of Massachusetts Lowell, an amount equal to such portion of the salary received while on sabbatical leave as the amount of service not actually rendered as agreed bears to the whole amount of service agreed to be rendered.

\_\_\_\_\_  
Signature of Sabbatical Recipient

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Provost

\_\_\_\_\_  
Date of Signature

Official Sabbatical Leave Period:\_\_\_\_\_