



ACADEMIC LEAVE REQUEST FORM

NAME : -----

FACULTY: -----

1. ACADEMIC LEAVE REQUESTED

SABBATICAL

☐ One Semester

☐ Full Academic Year

Begin Date

DD / MM / YYYY

End Date

DD / MM / YYYY

Salary Rate

DD / MM / YYYY

DD / MM / YYYY

RESEARCH

☐ One Semester

DD / MM / YYYY

DD / MM / YYYY

20 %

☐ Summer (2 months)

DD / MM / YYYY

DD / MM / YYYY

100 %

If combined with Academic Leave, Annual Leave Begin Date ----- End Date: -----

What is the expected supplemental income during leave? -----

What is the source of supplemental income? -----

On a separate sheet, please attach a brief statement of purpose of academic leave including the information below:

- purpose and objectives of the leave
- description of research activities
- benefits to the University and your scholarly development

I have read the policy and rules specified in the University Instruction Letter “IHR-A450-07 - Academic Leaves” and hereby affirm that my plans for the use of academic leave are in accord with these regulations. I will not take a regular position or accept teaching assignments for pay at an institution other than Sabancı University, unless specifically approved by Dean and the President.

I commit to vacate my housing during my academic leave period. (if accommodation in University Housing exists, in case of more than 6 months academic leaves)

Within thirty days following the conclusion of my academic leave, I will submit a report to the Dean, evaluating the results achieved in relation to the academic leave plan. I will also make a seminar on my research work and leave accomplishments, after conclusion of my academic leave.

I will serve at Sabancı University for at least one year following the conclusion of my academic leave. If I fail to comply with this obligation to provide at least one year of service immediately following expiration of my sabbatical leave, I agree to refund the salary which I have received from the University during said leave. The net salary received will be converted to US Dollars at the rate applicable to faculty members at the time of payment and refunded in TL at the current rate applicable at the time of refund.

Faculty Member: ----- **Date :** -----

2. ACADEMIC LEAVE STATUS (completed by HR)

Previous Academic or Unpaid Leaves (If taken)

TYPE OF LEAVE			DATES		SALARY %
Sabbatical	Research	Unpaid	From:	To:	(% of Base Salary Received)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----	-----
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----	-----
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----	-----
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----	-----

Work Start Date: -----

Current Sabbatical Credits: -----

Eligible for :

SABBATICAL

- ☐ One semester at ... % salary
☐ Two semesters at% salary

RESEARCH

- ☐ One semester at 20 % salary
☐ Summer term at 100 % salary

Not eligible until:

HR Director : ----- Date : -----

3. DEAN'S APPROVAL AND COMMENTS

Approved : ☐ Research or ☐ Sabbatical Begin Date ----- End Date: ----- Salary -----%
☐ Annual Begin Date ----- End Date: ----- Salary 100%

Not Approved ☐

How will the proposed activity improve the applicant's ability to meet the goals of the Faculty and the University?

Provisions made to cover applicant's work during his/her absence, including undergraduate and graduate instruction, supervision and administrative responsibilities and the estimated amount of additional expenses to the University.

Faculty Dean : ----- Date : -----

4. PRESIDENT'S APPROVAL AND INSTRUCTIONS :

President : ----- Date : -----

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