



Sabbatical Leave Application

AHU administration recognizes the need for faculty to participate in scholarly activities and to have the time for research, publication, and presentations. Sabbatical leaves allow faculty concentrated time to engage in these activities.

Please refer to the "Leaves" section of the *Faculty Handbook* for eligibility criteria and more information.

Applicant Name: _____ Employee Start Date _____

Department: _____ Date of Letter of Intent: _____

Dates of Leave: _____ Sabbatical Length: _____

Cost: _____ Travel Required: _____

Topic of Scholarship: _____

Purpose of Sabbatical: _____

Reason for choosing this topic: _____

Benefit to Faculty Member: _____

Benefit to AHU: _____

Agreement to Return: I agree to return to full employment at AHU for a minimum of one academic year following the completion of the sabbatical leave. I understand that failure to do so will result in my obligation to repay the full cost of the leave.

Faculty Signature: _____ Date: _____

Department Chair: _____ Date: _____ Acknowledge Receipt

Human Resources: _____ Date: _____ Meets Eligibility Requirements Yes No

Office of Academic Administration _____ Date: _____ Acknowledge Receipt Deny

Copies will be sent to: 1) Department Chair and 2) Applicant 3) Human Resources