

FACULTY/STAFF LEAVE REQUEST FOR PERIOD _____ TO _____

School: _____

Other (explain): _____

1. Brief description of the proposed program while on leave: [attach complete proposal]
2. Brief statement of the value of the proposed program to the applicant; to the College: [attach complete proposal]
3. Proposed statement of replacement plan: [attach a complete proposed replacement plan for your leave period]

APPLICANT'S STATEMENT

1. I ☐ will/☐ will not receive supplemental income from sources other than SUNY Canton while on leave.

2. [If money is to be received from other sources, list/attach source(s) & amount(s) anticipated]:

3. I will continue as a member of the professional staff for at least one year following my return from sabbatical or other paid leave.

4. In the event that I do not return for a minimum of one year, I agree to repay all salary received while on leave.

5. I will submit a report of my accomplishments while on leave to the College President by the end of my first semester back.

I will comply with the terms & conditions of leaves of absence as stated in the Policies of the [SUNY] Board of Trustees & the [SUNY Canton] Personnel Handbook for Faculty & Professional Staff.

Applicant's Signature

Date

Direct Supervisor/Department Chair

☐ Agree as is
☐ See attached

Supervisor/Dept. Chair's Signature

Date

Director

☐ Agree as is
☐ See attached

Director's Signature

Date

Dean

☐ Agree as is
☐ See attached

Dean's Signature

Date

Area VP/Executive Director

☐ Agree as is
☐ See attached

Division Head's Signature

Date

President

☐ Agree as is
☐ See attached

President's Signature

Date