Tenured members of the Ordinary Faculty are entitled to a sabbatical leave after intervals of no less than six years of service as members of the Ordinary Faculty. Probationary faculty hired after September 1, 2014 are eligible for a pre-tenure research leave after no less than three years of service as an Ordinary Faculty member. Applications for sabbatical leaves and pre-tenure research leaves must be submitted to the department chair or program director by October 15 of the year proceeding the academic year for which the leave is requested. The department chair, after reviewing the application and accompanying proposal, shall forward these documents to the school dean by November 1; the dean shall make a decision on this matter by November 15. The sabbatical leave shall be granted for two semesters of an academic year at half salary, or for one academic semester at full salary. Pre-tenure research leaves are only for one academic semester, typically taken during the fourth year of service at the College. Full fringe benefits are continued during these leaves.

Sabbatical leaves and pre-tenure research leave are awarded on the following conditions: (1) that the recipient agrees to return to Providence College for at least one semester following the leave; and (2) the recipient will file a written leave report with the chair and school dean by October 1 of the academic year following the leave.

Name: ____________________________
School: __________________________
Department: ________________________________
Signature: ____________________________ Date: ________________

Type of Leave:

☐ Full year sabbatical  Academic year: ________________
☐ One semester sabbatical  Academic year: ________________
  Fall  Spring
☐ One semester pre-tenure research leave  Academic year: ________________
  Fall  Spring

Abstract: Provide an abstract summarizing the description of your proposed leave plan in a paragraph of about 100 words. Please include the following information as part of your plan: the purpose of the leave, activities during the leave, anticipated results or products of the leave, and evidence you plan to provide to demonstrate the achievement of your objectives.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Attachment: Please provide a full description of the proposed leave including information on the need for a professional leave, a description of your planned activities and objectives, and what outcomes you anticipate from the leave.

Chair/Director's Signature: ____________________________ Date: ________________
  ☐ Approve  ☐ Disapprove
Dean's Signature: ____________________________ Date: ________________
  ☐ Approve  ☐ Disapprove

Comments: