Case Western Reserve University
College of Arts and Sciences

REQUEST FOR LEAVE

A faculty member anticipating a leave of any kind must notify the department chair at the earliest possible date, so that the chair can determine whether the timing of the leave is consistent with departmental needs and begin arranging for coverage of classes and other responsibilities. It should be noted that a sabbatical leave is not an automatic occurrence every seventh year.

The university views a leave as an investment in a faculty member's continued growth and productivity at Case in the areas of teaching, research, and service. As stated in the Faculty Handbook (Chapter 3, Part One, II.D), a faculty member who accepts leave incurs the obligation to return to residence for a year following leave. Faculty members unable to meet that obligation are obliged to repay the college for the costs (typically salary and fringe) associated with their leave. A faculty member who intends to resign following a leave should contact the dean at the earliest possible opportunity to discuss a severance arrangement.

The faculty member shall provide a narrative statement describing the proposed plan of study and an assessment of how the leave will help develop the faculty member in research, teaching, or performance. A detailed plan for obtaining external funding is required. If external funding is in hand, please specify and attach any applicable documentation. The completed form, the narrative statement, and an up-to-date and dated c.v. are to be submitted to the department chair.

The department chair shall add a separate evaluation of the proposal, a recommendation on the request, and a thorough assessment of departmental needs (replacement teaching, funds, other departmental duties) during the leave. The chair is to forward all documents electronically to the dean's office.

NAME _____ **RANK** _____

DEPARTMENT _____

TYPE OF LEAVE: ____Pre-tenure Teaching Release ____Sabbatical
____Uncompensated Leave ____Partially compensated Leave

TERM OF LEAVE: ____Fall Semester ____Spring Semester ____Both Semesters
of the _____Academic Year

PREVIOUS LEAVE(s) (indicate type and date)

SIGNATURES:
I am aware of the conditions outlined in the above text.

Faculty Member _____ **Date** _____

Department Chair _____ **Date** _____