



2026-2027 SABBATICAL APPLICATION

1. Name of Applicant _____

2. Rank (the official title listed in department records) _____

3. Academic Department/School _____

4. College _____

5. Semester(s) Requested (Please check one):

☐ Fall 2026 at full pay

☐ Spring 2027 at full pay

☐ Fall 2026 and Spring 2027 at half-pay

6. Years Employed at FAU: _____

7. Have you been awarded a sabbatical at FAU previously? ☐ **Yes*** ☐ **No** Date _____

*If yes, please attach the report of activities and accomplishments you submitted at that time or a one-page summary of your accomplishments during the sabbatical period.

8. Any Anticipated Supplementary Income?

☐ **Yes*** ☐ **No**

*If you anticipate external supplementary income during your sabbatical, please complete the following:

Name of Sponsor(s):

Budget Period:

9. Have you previously been relieved of Teaching/Librarian Duties for the Purpose of Research and Scholarly Activity, in addition to a sabbatical award? ☐ **Yes** Date _____

☐ **No**

If yes, briefly explain in the textbox below:

10. If during your sabbatical leave you expect to have a formal affiliation with a research institute, another college or university, a federal agency, a private corporation, a Fulbright program, or any similar public, private, and/or non-profit entity, please describe the conditions of that appointment. Please attach supporting documentation (i.e. letter from affiliate).

11. Do you have any sponsor-funded projects that are active during the requested sabbatical leave? ☐ **Yes*** ☐ **No**

*If yes, how will your current sponsor-supported projects be covered?

12. Have you notified the program office(s) for your active project(s) in writing of your plans for a sabbatical? ☐ **Yes*** ☐ **No**

*If yes, attach documentation of the notification and approval.

If no, when do you plan to notify the program officer(s)? _____

13. Do you have any research projects involving any areas of research compliance, such as radiation safety, diving and boating safety or biological safety (i.e., work carried out in a wet-lab involving the use of chemicals and/or potentially infectious materials) that are active during the requested sabbatical leave? ☐ **Yes*** ☐ **No**

*If yes, how will any facilities and/or research responsibilities be covered?

14. Do you have any research projects involving the use of human or animal subjects to collect data that are active during the requested sabbatical leave? ☐ **Yes*** ☐ **No**

*If yes, how will your research be covered?

*Faculty members with active sponsor-funded projects must meet all compliance requirements for FAU and the sponsors prior to sabbatical leave. The faculty member must also update the above information and coordinate with the applicable business offices if the status of his/her research funding changes prior to or during the sabbatical.

Signature of Applicant

Date

** End of faculty information **

See next page for required approvals.

****The following section is required for all applicants. Applications without department and college level approval will NOT move forward.****

Department Chair's/School Director's comments

☐ **Approve**

☐ **Disapprove**

Signature of Department Chair/School Director

Date

Dean's comments

☐ **Approve**

☐ **Disapprove**

Signature of Dean

Date

Signatures:

See page 3 for applicant's signature.

Department Budget Coordinator: _____

Date _____

College Budget Manager: _____

Date _____