

University of Massachusetts at Boston
Librarian Application for Sabbatical Leave
(Revised 2019)

It is recommended that those applying for a sabbatical leave read the information on sabbatical leave policies and procedures before completing the application. The policy and credit chart are posted at: https://www.umb.edu/editor_uploads/images/provost/Sabbatical_Leave_Policy_2012.pdf

I. General Information

Name: _____ Employee ID#: _____
Department: Healey Library Faculty Rank: _____
Date of first appointment to a UMB Librarian position: _____
Is this your first UMB sabbatical? ☐ Yes ☐ No
Dates of last sabbatical (if any): from: _____ to: _____
Dates of any other kind of leave (if any, and specify type and duration): _____

Sabbatical Eligibility for Librarians on 12-month calendar-basis contracts*

(*if employed on an academic-basis or 43-week contract, use faculty application)

Librarians who have given at least six years of FTE service in the ranks of Librarian I, II, III, IV or V are eligible to apply for a sabbatical leave.

- Librarians accrue two weeks of sabbatical leave credit for each six months of qualified service. Qualified service includes all service since appointment or last sabbatical leave, but excludes the calendar year during which a sabbatical is taken and any short-term leave taken under Article 20.
- If you are less than 100% FTE during your leave, your service in the State Retirement system will accrue according to your FTE% while you are on leave.
- If you are at less than 50% FTE, you will not be benefited while you are on leave.

See chart at https://www.umb.edu/academics/provost/forms_and_policies for usage and benefits details.

- a. By the start date of your proposed sabbatical, indicate how many credits for full-time equivalent service you will have accrued in a librarian position, based on 2 weeks credit for every 6 months of qualified service:
- b. You may spend some or all of your accrued credits on the proposed sabbatical; any prior unused credits will be “banked” for future use. Indicate how many credits you wish to use for this sabbatical:
- c. Sabbaticals may be taken for a period of not less than three months and not more than eleven months. Indicate leave dates requested and the corresponding salary percentage (see chart) for your FTE % of annual salary covered during the sabbatical:

- ☐ Sabbatical commences on Sunday
- ☐ Sabbatical ends on Saturday

II. Brief Statement of Purpose of Leave:

Please provide the following information as attachments to this application:

- 1. A 1-2 page proposal for the leave, including a brief statement of leave objectives, your projection of the value of this leave to both yourself and the university, your location during the leave, and the anticipated outcome of your project;
- 2. An updated curriculum vitae, including bibliography of scholarly work previously published, with full reference citations;
- 3. Additional information pertinent to your proposal (e.g., if you have received a fellowship or an invitation to conduct research, please include correspondence);

4. Statement concerning additional support (beyond salary, if any) which may be required, the efforts which you have made to obtain such support, whether your leave will be contingent on receipt of such support and, if so, the date by which you anticipate learning whether support will be forthcoming.

III. Agreement for Sabbatical Leave

In consideration of permission granted to me by the Trustees of the University of Massachusetts to take sabbatical leave for the period from _____, I agree to return to the University of Massachusetts as a librarian for at least one calendar year.

If I fail to comply with this obligation to provide at least one year of service immediately following the expiration of my sabbatical leave, I agree to repay, forthwith, the salary which I received from the University during said leave.

Signed by me this

Signature of Applicant: _____

Signature of Witness: _____

IV. Approval of Leave Application

A. To be filled out by the Department Head:

Replacement needed: No ☐ Yes ☐ If yes: full-time ☐ part-time ☐
(explain the need for a replacement on a separate page and attach)

Librarians on a sabbatical leave or leave of absence without pay next year (list name & dates):

Number of sabbatical applications submitted: _____ Priority assigned to this request: _____

Brief evaluation of application:

Signature of Department Head

B. To be filled out by the Dean's Office:

Eligibility for sabbatical leave has been confirmed:
Brief evaluation of application:

Signature of Dean

C. To be filled out by Provost:

Approved by:

Date Sabbatical Report received: _____