

## Leave Request Form AY2025 - 2026

For medical leaves, please contact your faculty affairs office directly. Parental teaching relief is not a leave and can be requested through your faculty affairs office.

| Name:   |                          |  |
|---|--------------------------|--|
| Title:  |                          |  |
| Department(s):  |                          |  |
| Time of Large Democrated  | Duration of Laure        |  |
| Type of Leave Requested:  | Duration of Leave:       |  |
| Sabbatical (tenured faculty)*   | Semester 1 (Fall 2025)   |  |
| Post-Tenure Sabbatical**  | Semester 2 (Spring 2026) |  |
| Junior Sabbatical   | Academic Year 2025-2026  |  |
| Scholarly Leave (lecturers/senior lecturers)  | Other:                   |  |
| Leave of Absence Without Salary   |                          |  |
|   |                          |  |
| Date and last type of leave requested:  |                          |  |
| All faculty must submit a sabbatical report upon returning from paid leave. If you did not submit a sabbatical report after your last leave, please attach one to this request.  *After six semesters in residence, a tenured faculty member may be eligible for a sabbatical of one semester at full salary. After twelve semesters in residence, a tenured faculty member may be eligible for a sabbatical for an academic year at full salary. For details of eligibility, see |                          |  |
| the Dean of Faculty's website and Chapter 13 of the Handbook of Academic Administration.  **Faculty newly tenured and promoted to Associate can apply for a sabbatical semester at 100% salary or a year at 75% salary review. Faculty should apply in the first academic year after promotion and normally will take their leave in the second academic year after promotion.  |                          |  |
| Please describe the purpose of the paid leave:  |                          |  |
|   |                          |  |



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| If you will be at another institution, please indicate where you will be and corresponding title (if any):   |                      |
|--|----------------------|
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|  |                      |
|  |                      |
| If you have applied or anticipate applying for any fellowships or grants, please list them along with anticipated funding levels and notification dates: |                      |
|  |                      |
|  |                      |
|  |                      |
| Please list your regular course offerings and describe the arrangements that have been made (in consultation   |                      |
| with the department chair as well as the appropriate academic dean, as needed) for them in your absence.   |                      |
| Course Offering(s):  | Arrangement(s) Made: |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
| Please describe arrangements that have been made for continuation of your graduate and undergraduate advising  |                      |
| responsibilities, including responsibilities for graduate students under your direction:   |                      |
|  |                      |
|  |                      |
|  |                      |

In applying for this leave, I am aware that it is subject to the following terms and conditions and agree that my leave will comply with these terms and conditions:

- A faculty member may not hold a second, regular (tenure-track or tenured) appointment at another university, concurrently with the appointment at Brown.
- A faculty member on sabbatical generally may not receive compensation for services at another institution without permission from the cognizant dean.
- Leaves of more than one year may be granted only in exceptional circumstances. Any leave of absence from Brown University may not extend beyond two consecutive years.
- If a faculty member is serving as the Principal Investigator, Co-Principal Investigator or Project Director on a grant or contract at the time leave is requested, the faculty member must contact their contract administrator in OSP (x3-2777) to review applicable sponsor requirements regarding a leave. Note that federal regulations require prior agency approval if there will be an absence for more than three months, or a 25 percent or greater reduction in time devoted to the project, by the approved Project Director or Principal Investigator. Note also that the University's intellectual property policy continues to apply to faculty while on leave.



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Terms and conditions of leave, continued:

Comments:

Signature

- It is a faculty member's responsibility to contact the Benefits Office to determine any consequences leave status might have on University-provided benefits. Arrangements to continue benefits during a leave may require direct payment to the University during the leave.
- Leaves with pay (sabbatical leaves or leaves on special assignment) are provided as an investment in a faculty member's future professional contributions to the University. Accordingly, a faculty member on any kind of paid leave is required to return to active teaching duty for at least one year following completion of the paid leave. Failure to do so may result in liability for reimbursement to the University for the salary and benefits paid by the University during the period of the leave.
- Faculty with an uneven teaching load (e.g., 3) taking a one semester sabbatical are expected to teach the greater number of courses (e.g., 2) in their semester in residence.

Any exceptions to the above rules must be approved in writing by the Dean.

Please type your name below, date, and give to your department chair (or chairs, if you have a joint appointment) for approval. Chairs should review the request and, if approved, forward the signed form to your Dean's faculty affairs office. If you have a joint appointment, please send a copy of the signed form to your second department chair. Type name here: Date: **Applicant Signature Department Chair** – I approve this sabbatical: Yes No Comments: Department Chair Signature Second Department Chair Signature, if applicable. (Associate) Dean - I approve this sabbatical: Yes No Comments: (Associate) Dean Signature **Additional signature as required** – I approve this sabbatical: Yes No