

**ST. LAWRENCE UNIVERSITY
REQUEST FOR FACULTY SABBATICAL AND/OR FYP LEAVE
ACADEMIC YEAR 2009-2010**

Name: _____ Phone _____

Rank _____ Department _____

Type of Last Leave _____ Date of Last Leave _____

What were the professional outcomes of your last leave?

Type of requested leave for the 2009-2010 Academic Year:

____ one year sabbatical (at half pay)

____ one year sabbatical/FYP leave (one semester sabbatical and one semester FYP leave)

____ one semester sabbatical (at full pay) [____ fall semester ____ spring semester]

____ one semester FYP leave (at full pay) [____ fall semester ____ spring semester]

____ other, please explain:

Do you need to retain your office and/or desktop computer system while on leave? If so, please explain.

Please submit the following items to your department chairperson/program coordinator:

- a completed copy of this form
- a current curriculum vitae
- In addition, requests for sabbatical leaves should include an account of the scholarly or creative work you intend to pursue and its expected outcomes. Please attach a copy to this form as well as submit an electronic copy to the Dean's Office to acadean@stlawu.edu.

The department chairperson/program coordinator should respond to the following questions, sign the form, and forward all materials to the Dean's Office no later than Friday, May 30, 2008:

Will a replacement position be requested for this absence?

If so, will the replacement require an office and/or desktop computer system?

Recommended by: _____ (date)
(Department Chairperson)

Approved by: _____ (date)
(Academic Dean)

Approved by: _____ (date)
(President)