HARVARD UNIVERSITY FACULTY OF ARTS AND SCIENCES

Office of the Dean

**APPLICATION FOR SABBATICAL/RESEARCH LEAVE**

**Please return this form to your Department Administrator, for review and approval by the Department Chair. Following approval, the department must send the form to the FAS Office for Faculty Affairs by November 30, 2018.**

FAS policies on leaves are in Chapter 3 of the FAS Appointment and Promotion Handbook, which is available at <http://academic-appointments.fas.harvard.edu/>[.](http://www.fas.harvard.edu/%7Efacaff/)

Name: Date:

Title:

Department(s):

1. Duration of leave:

Full academic year 2019-20 Fall 2019 Spring 2020

1. Distribution of FAS salary while on leave:

Full academic year 2019-20 at half salary

Fall term 2019 at full salary

Spring term 2020 at full salary

Other:

*Please note: For this purpose, salary refers to the compensation paid by the FAS, not from grants. See also section 6.*

1. Please detail any special circumstances, if applicable.
2. Please describe the purpose and planned activity for the leave period.
3. If you are applying for research leave and expect to have any portion of your leave salary paid ***through Harvard*** from grant, fellowship, or contract funds, please indicate the anticipated source of funding, the amount, and the coding.
4. If you expect to receive compensation ***directly from non-Harvard sources*** (ACLS, NEH, Guggenheim Foundation, etc.), please list anticipated purposes, sources, and amounts of support below. Should substantial changes in these plans occur, they should be reported to the Dean’s office.

Purpose (travel, salary, research expenses): Source: Estimated amount:

1. Please list courses (including General Education courses) you would normally teach during the period of anticipated leave and show arrangements that have been made for them in your absence.

Course/term Substitution arrangements

1. Please describe how you will continue to supervise the dissertation students for whom you are principal advisor.
2. Please describe arrangements that have been made for continuation of any administrative duties for which you are responsible.

Date Signature

Date Chair of the Department

Date Chair of other Department(s), if jointly appointed

Date Divisional Dean / Area Dean