***Faculty awarded sabbatical leave, who have secured funding to assist in accomplishing their sabbatical goals, are required to complete this form. This form must be turned in to your dean/director’s office prior to the start of the sabbatical leave.\****

For additional pages or to enter text directly into this form as a Word document, please go to the “Sabbatical Leave” section of the Provost’s website at <http://www.uaf.edu/provost/sabbatical-leave/> to download.

|  |  |
| --- | --- |
| **Name**: | **College/School**: |
| **Rank**: | **Department**: |
| **Sabbatical Leave Dates**:       Semester Leave  AY Leave  AY+Extension | |

**From Article 16 of the UNAC Collective Bargaining Agreement,**

**January 1, 2017 – December 31, 2019**:

“Sabbatical leaves shall be granted only for periods of one academic year at the rate of six months’ salary or one semester at the rate of one semester’s salary. Sabbaticals are granted at the sole discretion of the university and are subject solely to the complaint process. UNAC members may, with the prior approval of the chancellor, or designee, accept fellowships, grants-in-aid, or earned income to assist in accomplishing the purposes of their sabbatical leaves. If it is the UNAC member’s desire to supplement their salary with said funding, they shall be paid up to the amount of their normal base academic year salary[[1]](#footnote-1), and the chancellor or designee cannot disallow the use of funding in this manner provided the terms of the sabbatical plan are honored. UNAC members shall not be paid in excess of their normal academic year salary, and the chancellor or designee shall monitor sabbatical funding to ensure that UNAC members do not receive a salary that exceeds the amount of their normal base academic year salary.” (emphasis added)

Please record **all** funding you will receive while on or in support of your sabbatical leave, including, but not limited to, grant funds paid through UAF; honorariums; and salary/compensation from other institutions.

This form must also be completed in advance of your sabbatical leave if you will be receiving money to cover living and/or travel expenses (*see Step 3 on page 3*). To claim such money as living and/or travel expense reimbursement rather than income (and thus money not counted towards your salary), you must demonstrate through documentation the amount received and exactly how the money was used. This is both for tax purposes and to determine how it might affect your sabbatical salary.

***\*If your funding situation changes while on sabbatical leave, please notify your dean/ director’s office and update this form immediately. Attach additional sheets and/or written explanation as needed.***

|  |  |
| --- | --- |
| ***STEP 1: To be completed by your PPA, Financial Officer, or HR staff member (whichever is appropriate for your unit):*** | |
| **A.** Faculty member’s normal base academic year (AY) 9-month salary (when not on sabbatical leave): | $ |
| **B.** Faculty member’s UAF sabbatical salary (2/3 of your normal base AY 9-month salary): | $ |
| **C.** Faculty member’s **total AY** 9-month salary for the sabbatical leave (total in **B** above, plus all additional funding detailed in **Step 2** below): | $ |
| ***Please note: C cannot exceed A.*** | |
| PPA Initials: Date Completed: | |

***STEP 2: List all funding you will receive during the 9-month academic year while on sabbatical.***

***Please feel free to fill this out in cooperation with your PPA.***

|  |  |  |
| --- | --- | --- |
| **Funding Source 1** (specify):  *Type*:  Grant  Earned income  Honorarium  Other | | $ |
| *How will this funding be paid?* | Through UAF  *Has this been set up with your PPA?* | Directly to you  *Please arrange reconciliation with your PPA.* |
| ***If paid through UAF****, please specify how much of this funding you would like applied toward your salary:* | As much as possible (up to the point of your normal AY salary) | Other amount/percentage (specify): |
| *Notes/written description of Funding Source 1 arrangement*: | | |

|  |  |  |
| --- | --- | --- |
| **Funding Source 2** (specify):  *Type*:  Grant  Earned income  Honorarium  Other | | $ |
| *How will this funding be paid?* | Through UAF  *Has this been set up with your PPA?* | Directly to you  *Please arrange reconciliation with your PPA.* |
| *Please specify how much of this funding you would like applied toward your salary:* | As much as possible (up to the point of your normal AY salary) | Other amount/percentage (specify): |
| *Notes/written description of Funding Source 2 arrangement*: | | |

|  |  |  |
| --- | --- | --- |
| **Funding Source 3** (specify):  *Type*:  Grant  Earned income  Honorarium  Other | | $ |
| *How will this funding be paid?* | Through UAF  *Has this been set up with your PPA?* | Directly to you  *Please arrange reconciliation with your PPA.* |
| *Please specify how much of this funding you would like applied toward your salary:* | As much as possible (up to the point of your normal AY salary) | Other amount/percentage (specify): |
| *Notes/written description of Funding Source 3 arrangement*: | | |

***STEP 3: Funds denoted as “Living and/or Travel Expenses.”***

|  |  |
| --- | --- |
| **Yes**, I will receive living and/or travel expenses. | **No**, I will not receive living and/or travel expenses. |
| *If YES, please make an arrangement to meet with your PPA after your sabbatical to review*  *your living and/or travel funding documentation.* | |

Additional Notes and/or Arrangements:

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# Faculty Signature Date

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*Grants and Contracts Representative:* All grants and *Date*

contracts listed here will support Sabbatical Leave

funding.

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*PPA Name (Printed) Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PPA Signature*

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# Dean Signature Date

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# Director Signature (if applicable) Date

All signatures listed above are required. If you do not have a PPA in your unit, please instead consult with your Financial Officer or HR staff person (whoever is appropriate for your unit).

**cc: UAF Office of the Provost**

1. Per Labor Relations, this means that 1) if a faculty member secures funding additional to their UAF sabbatical salary, and it is that faculty member’s desire to supplement their salary with said funding, they shall be paid up to the amount of their normal base AY salary, and administrators cannot disallow the use of funding in this manner; and 2) faculty members shall not be paid in excess of their normal AY salary, and administrators shall monitor sabbatical funding to ensure that faculty members do not receive a salary that exceeds the amount of their normal base AY salary. [↑](#footnote-ref-1)