SABBATICAL LEAVE APPLICATION FOR AAUP-AFT FACULTY MEMBERS: 2026-2027

Please read the accompanying instructions before completing this form.

Sabbatical leave forms and instructions for Legacy BSHNJ Faculty Members may be obtained by contacting the School Faculty Affairs Office or visiting https://facultyaffairs.rbhs.rutgers.edu/faculty-resources/faculty-leaves-of-absence/.

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1.Name of Applicant: _____

2.Academic Rank and Title: _____

3. Unit/College/Department:_____

Please check the appropriate responses:

4. Indicate your current term of appointment: _____

Academic Year (10 month) ☐ Calendar Year (12 month) ☐

5. Are you currently tenured? Yes ☐ No ☐

6. If not tenured, indicate expiration date of your current appointment: _____

7. If you are now an Assistant Professor (or equivalent), indicate whether you are now serving:

☐ First 3-Year Term ☐ Second 3-Year Term

8. Indicate the time period for which you are applying for sabbatical leave:

☐ Fall 2026
☐ Academic Year 2026-2027
☐ Fall 2026/Fall 2027
☐ Spring 2027
☐ Calendar Year 2027
☐ Spring 2027/Spring 2028

9. Indicate the kind of leave you are applying for:

One-semester, 80 percent salary ☐
One-semester, 100 percent salary ☐
Two-semester, 80 percent salary ☐

10. Please list all the academic appointments which you have held at Rutgers. Include your faculty rank, inclusive dates and whether full or part-time.

Rank	Month/Year From - To	Full Time	Part Time %

AAUP-AFT Applicant's Name: _____Proposed Sabbatical Leave Period: _____

11. Total number of semesters, up to the proposed sabbatical leave, you have served as a full-time member of the Rutgers faculty: _____semesters

12. If you have had previous sabbatical leaves, please indicate the time period(s): _____ and the number of semesters, up to the proposed sabbatical leave, you have served as a full-time member of the Rutgers faculty since your last sabbatical leave: _____ semesters. ***NOTE**:* Attach to this application your report of activities and accomplishments of your last sabbatical leave.

13. If you have not had a previous sabbatical leave, please indicate the number of semesters of full-time employment from your first appointment at Rutgers to the beginning date of the proposed sabbatical leave: _____semesters

14. If, *and only if*, you wish to claim credit toward sabbatical eligibility as a result of prior service at other institutions, please list your faculty appointments at other institutions. Include your rank, the inclusive dates, and whether full-time or part-time. Do not list appointments that were less than half-time.

Institution	Rank	Month/Year From - To	Full Time	Part Time %

15. If applicable, total number of eligible semesters resulting from service at other institutions: _____semesters (See instructions, page 2, item 5)

16. Please list all other previous leaves from your normal academic duties at Rutgers. Include Rutgers Faculty Fellowships supported by your school or unit, fellowships from outside granting agencies, visiting professorships, personal leaves, etc. Indicate what percentage of your salary, if any, was paid by Rutgers during each such leave.

Type/Name of Leave	Month/Year From - To	% of salary, if any, paid by Rutgers

AAUP-AFT Applicant's Name: _____Proposed Sabbatical Leave Period: _____

17. If the period of sabbatical leave requested is the result of a delay of a previous sabbatical leave application *at the request of and for the benefit of the University,* please indicate the following and attach applicable correspondence:

Year original application submitted: _____

Original time period of sabbatical leave for which you applied:

Fall ☐ Spring ☐
Academic Year _____ Calendar Year _____

Split: Fall ☐ Spring ☐
Fall ☐ Spring ☐

18. If you plan to spend any part of your leave abroad, please indicate which countr(y)(ies):

AAUP-AFT Applicant's Name: _____Proposed Sabbatical Leave Period: _____

ACADEMIC PROPOSAL

In this space, and on additional pages if necessary, describe the academic activity you intend to undertake during the sabbatical leave for which you are applying. This proposal should indicate what you intend to accomplish during your sabbatical leave and how this will contribute to your role at Rutgers.

NOTE: If you have had one or more previous sabbatical leaves, you must attach a copy of the report of your activities and accomplishments during your last sabbatical leave period.

AAUP-AFT Applicant's Name: _____Proposed Sabbatical Leave Period: _____

AGREEMENT BETWEEN APPLICANT AND RUTGERS,
THE STATE UNIVERSITY OF NEW JERSEY

If my application is approved, I agree to the conditions established by Rutgers University for leave under the Sabbatical Leave Program:

1. To not accept payment from other employment, fellowships or grants in lieu of salary (as distinct from monies designated strictly for expenses) that would bring my total compensation above 100 percent of my Rutgers salary;

2. To return to Rutgers for a time at least equivalent to that spent on sabbatical leave;

3. To submit a written report of the activities undertaken and accomplished during the period of leave to my department chair or program director, promptly upon my return from leave;

4. In the event that my appointment at Rutgers University is terminated by notice of non-reappointment, to relinquish my approved sabbatical leave if the approved leave falls within my terminal year;

5. Should I fail to return to Rutgers University for an amount of time equivalent to the sabbatical leave, to repay the University all salary monies received during the period of my sabbatical leave.

Signed:_____ Date: _____
(Applicant)

AAUP-AFT Applicant's Name: _____Proposed Sabbatical Leave Period: _____

ENDORSEMENTS

BY DEPARTMENT CHAIRPERSON OR EQUIVALENT OFFICER

After reviewing the official personnel file of the applicant, indicate whether 2026-2027 represents a possible terminal year for the applicant: (check one) Yes ☐ No ☐

Indicate if 2026-2027 represents a probationary year for the applicant: (check one) Yes ☐ No ☐

Is applicant on leave during 2025-2026?

(check one) Yes ☐ No ☐ If yes, explain: _____

I have reviewed the attached application for sabbatical leave for the period and purposes described therein. On the basis of that review, the application: (check one)

IS ENDORSED ☐ IS NOT ENDORSED ☐ Rationale for non-endorsement, if applicable:

Signed:_____ Date: _____

BY DEAN OF THE ACADEMIC UNIT OR VICE PRESIDENT FOR UNIVERSITY LIBRARIES AND UNIVERSITY LIBRARIAN

I have reviewed the attached application for sabbatical leave for the period and purposes described therein. On the basis of that review, the application: (check one)

IS ENDORSED ☐ IS NOT ENDORSED ☐ Rationale for non-endorsement, if applicable:

Signed:_____Date: _____

A copy of this application must be sent to all secondary departments, centers or institutes that the applicant may be affiliated with.

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