

**APPLICATION AND CONTRACTS FOR SABBATICAL LEAVE
SOUTHERN OREGON UNIVERSITY**

To: Southern Oregon University _____, 20____

I, _____, hereby apply for sabbatical leave from _____, 20____, to _____, 20____.

The purpose of my leave is attached to this form along with a copy of a current vita.

My yearly salary basis during this period of leave is _____ percent salary in accordance with *Administrative Rules* of the State Board of Higher Education governing such leaves. My current salary rate for the fiscal year is \$_____ on the basis of _____ months of service for full time equivalency.

Salary data verified for institution by: _____	Signature
Name and Title: _____	

I have been a member of the faculty at *Southern Oregon University* for _____ years, holding academic ranks with full-time service for the years indicated as follows: (Omit years on part-time service. For leaves based on other than full-time service, attach exhibit showing computation of eligibility and salary.)

My previous sabbatical leaves have been as follows. (If none, check here _____.)

From _____, 19____ to _____, 19____	From _____, 20____ to _____, 20____
From _____, 19____ to _____, 19____	From _____, 20____ to _____, 20____

Indicate the number of pages of attachments incorporated into this contract by reference: _____

This Application and Contract are subject to the Board of Higher Education's *Administrative Rules* governing sabbatical leaves in effect as of the date of this Agreement. See Oregon Administrative Rules, Chapter 580, Division 21 – Board of Higher Education. (OAR 580-21-200 through OAR 589-21-245) Having read and understood these rules, I agree to comply with them.

I agree to remain in the service of the Oregon University System and Southern Oregon University for one year, or the full-time equivalent thereof, after the expiration of the Sabbatical Leave, if granted. Should I terminate my employment before I fulfill this obligation for any reason except for death or permanent disability caused by ill health or accident, I agree to refund within three months of my termination the amounts of compensation I received during the Sabbatical Leave. "Compensation" shall include gross salary, employer contributions to benefits including, but not limited to, medical and retirement benefits.

Approved:

Head of Department

Signature of Applicant

Dean of the School or College

Present Rank or Title

Provost

Department

Date: _____

TERM DATES:

- Fall Term: September 16 - December 15
- Winter Term: December 16 - March 15
- Spring Term: March 16 - June 15
- Full Year: September 16 - June 15

8/1/08

<p>AMENDMENTS TO THIS CONTRACT</p> <p>When signed by all parties, this document becomes a contract. Cancellation of leave, change in dates, purpose or any other conditions must be approved by all signatories to this agreement. Cancellations should be made by letter. Other changes may be made on copies and initialed by all signatories or a substitute agreement marked "revised" may be submitted.</p>
