University of Central Florida

2010-2011
In-Unit Sabbatical Awardee Memorandum of Understanding

Sabbaticals are granted to increase an employee's value to the University through opportunities for research, writing, professional renewal, further education or other experiences of professional value.

I am requesting a sabbatical leave of absence as described in Article 22 of the *2004-2007 UCF-BOT/UFF Collective Bargaining Agreement* (CBA). I certify I have not been on sabbatical leave since 8/8/2004. I understand that in order to receive a sabbatical, I must be a full-time tenured employee with continuous service at UCF since 8/8/2004.

Name: _____ Employee ID: _____

College: _____ Department (home): _____

Phone: _____ e-mail: _____

I acknowledge that I must return to the University for at least two consecutive semesters (excluding summer) immediately following participation in the program. Upon my return, I am required to submit a brief written report to my Dean relating my accomplishments to the proposal during the sabbatical. Should I decide not to abide by the terms of the sabbatical program as outlined in Article 22.1(f)(1) and 22.1(f)(2) of the CBA, UCF is entitled to reimbursement by me within 60 days. This reimbursement includes, but is not limited to, repayment of all salary, retirement, benefits, equipment, and expenses paid for or to benefit me during the sabbatical.

The College and/or Department/Unit is(are) responsible for providing funding for the faculty member from within that College's budget. Often, this means that the department must bear the expense of covering any teaching responsibilities of the absent faculty member.

By signing this form, I acknowledge and agree to the sabbatical program requirements as outlined in this document and Article 22 of the CBA. I further acknowledge that the provisions of Article 19, Conflict of Interest or Commitment/Outside Activity, continue to apply during the sabbatical period. If I am unable for whatever reason to take this sabbatical, I will inform my Chair and Dean's office promptly of this decision.

_____	_____	_____	_____
Employee signature	Date	Chair/Director signature	Date

If you are looking for a way to supplement a sabbatical, you might consider applying to the Fulbright Scholar Program, which allows you to connect with colleagues at institutions around the globe. Grants typically range from 3 to 9 months and offer experiences in more than 130 countries. For more information, visit www.cies.org or contact Rusty Okoniewski, Office of International Studies, at RustyO@mail.ucf.edu or (407) 882-2306.

INSTRUCTIONS (Chair): Please acknowledge by your signature above that this person has been selected to receive a sabbatical and forward this form to the dean's office.

For Dean's office use only: Please indicate below: approval by dean or designee, what type of sabbatical was awarded and when it is to be taken. Send completed form to Faculty Affairs (FA) by February 1, 2010**.** If there are any changes after that deadline, please promptly notify FA. FA must be notified at least 30 days before the employee takes (or does not take) their sabbatical. In addition, e-mail an electronic copy of this year's sabbatical procedures for your college to lcorzine@mail.ucf.edu. *NOTE: Upon return from sabbatical, departments must submit to Human Resources both a new PAF and a new agreement.*

Type of Sabbatical awarded: *Signature of Dean or designee:* _____

Type 1A	one semester at full pay	competitive
Type 1B	two semesters at ¾ pay	competitive
Type II	two semesters at ½ pay	non-competitive

Semester(s) in which the sabbatical will be taken: _____