STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY
CANTON, NEW YORK 13617

FACULTY LEAVE REQUEST FOR PERIOD _____ **TO**_____

Name_____   Type of Leave: _____Full Year at Half Annual Salary

Title_____   _____Half Year at One Half Basic Salary
                                                       (75% of Basic Annual Salary)

Department_____   _____Other (explain):_____

School_____   _____

1. Brief description of the proposed program while on leave: [attach complete proposal]

2. Brief statement of the value of the proposed program to the applicant; to the College: [attach complete proposal]

APPLICANT'S STATEMENT

1. I will/will not receive supplemental income from sources other than SUNY Canton while on leave (circle response).

   [If money is to be received from other sources, list sources(s) and amounts(s) anticipated]:

2. I will continue as a member of the professional staff for at least one year following my return from sabbatical or other paid leave.

3. In the event that I do not return for a minimum of one year, I agree to repay all salary received while on leave.

4. I will submit a report of my accomplishments while on leave to the College President within three months of my return.

5. I will comply with the terms and conditions of leaves of absence as stated in the *Policies of the [SUNY] Board of Trustees* and the *[SUNY Canton] Personnel Handbook for Faculty and Professional Staff*.

_____   _____
(Applicant Signature)   (Date)

RECOMMENDATIONS

The leave and program proposed by the applicant is . . . . .

1. _____Acceptable; _____Unacceptable for the following reason(s):

_____ _____
(Signature - Department Chair)   (Date)

2. _____Acceptable; _____Unacceptable for the following reason(s):

_____ _____
(Signature - Dean)   (Date)

The arrangements proposed to maintain the departmental workload while professional staff member is on leave are as follows:

3. _____Acceptable; _____Unacceptable for the following reason(s):

_____ _____
(Signature -Vice President for Academic Affairs)   (Date)

4. Action taken by College President:_____

Comments:

_____ _____
(Signature - President)   (Date)

9/99