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

FACU	JLTY/STA	FF LEAVE REQUEST FOR PERIOD	TO
Name	:		
Title:			
Depar	tment:		
Schoo	ol:		
Type	of Leave: _	Full Year at Half Annual Salary	
	-	Semester at Full Annual Salary Other (explain):	
1.	Brief desc	eription of the proposed program while on leave: [att	tach complete proposal]
2.	Brief state complete p	ement of the value of the proposed program to the approposal]	oplicant; to the College: [attach
3.	Proposed period	statement of replacement plan: [attach a complete p	roposed replacement plan for your leave

APPLICANT'S STATEMENT

1.	I will/ will not receive supplen	mental income from sources	other than SUNY Canton while on		
		leave.			
2.	[If money is to be received from other sources, list/attach source(s) & amount(s) anticipated]:				
3.	I will continue as a member of the professional staff for at least one year following my return from sabbatical or other paid leave.				
4.	In the event that I do not return for a minimum of one year, I agree to repay all salary received while on leave.				
5.	I will submit a report of my accomplishments while on leave to the College President by the end of my first semester back.				
	I will comply with the terms & conditions of leaves of absence as stated in the Policies of the [SUNY] Board of Trustees & the [SUNY Canton] Personnel Handbook for Faculty & Professional Staff.				
	Applicant's Signature	Date pervisor/Department Ch	air		
	Direct Su	pervisor/Department Cu	☐ Agree as is☐ See attached		
	Supervisor/Dept. Chair's Signature	Date			
		<u>Director</u>	☐ Agree as is☐ See attached		
	Director's Signature	Date			
		<u>Dean</u>	☐ Agree as is☐ See attached		
	Dean's Signature	Date			
	Area	VP/Executive Director	☐ Agree as is☐ See attached		
	Division Head's Signature	Date			
		<u>President</u>	☐ Agree as is☐ See attached		
	President's Signature	Date			