## Sabbatical Leave Initial Evaluation

*We recommend filling out the form electronically as the fields are expandable and offer more room for information.*

### Procedures and Instructions

***For Department/Center, School without Departments, and Libraries***

Evaluation and endorsement instructions:

* Complete all pages electronically. NOTE: if you do not have an electronic signature, you will need to print off the endorsement page, sign it, and rescan it.
* Delete these instructions.
* Save all pages as a .pdf file and label it: ***Lastname, FirstInitial Initial Eval.pdf***.Include in the pdf any memos from the evaluation committee or chair, director, or dean.
* When more than one application is submitted from a unit, be sure to include a rationale for the ranking of the applications. Applications that do not include a ranking and rationale will not be considered for review by the University Committee.
* Forward this file and the applicant files to the next review level (dean’s office, Office of Research, or Provost’s Office) to meet its stated submission deadline.

### Submission to Provost Office

Schools without departments and the libraries must submit sabbatical applications to the Provost Office via the [online form](https://kusurvey.ca1.qualtrics.com/jfe/form/SV_3ehg4gyngn4ryZg) no later than **Thursday, October 24, 2024 at 5:00p.m.**

### Questions

Please call the Office of Faculty Affairs at 785-864-6489 or send an email to: [facultyaffairs@ku.edu](mailto:facultyaffairs@ku.edu).

### Initial Endorsement and Evaluation Page

For Sabbatical Leave Requests by: Department/Center, Libraries, or Schools without Department

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| *Last Name* | |  | *First Name* |  | *Middle Initial* |
|  |  |  | | | |
| *Current Rank* |  | *Department/School* | | | |

### Evaluation Procedures

Describe the department/unit or school procedures that were followed in evaluating this sabbatical application.

**The following sections should be completed by the department committee (or school committee for schools without departments)**

### Evaluation of the Sabbatical Plan

Provide an evaluation of the merits of the proposed sabbatical leave activity. Address specifically, 1) the value and benefits of the project goals to the applicant’s professional development, the needs and mission of the department, and the University; 2) the clarity and feasibility of the applicant’s plan to achieve the goals outlined. The evaluation should be reasonably detailed and analytical.

|  |
| --- |
|  |

### Evaluation of the Applicant’s Contributions to Teaching, Research, Scholarship, Creative or Artistic Performance and Service

* Provide an evaluation of overall teaching addressing specifically, 1) summary of student evaluations; and 2) additional evidence of teaching contributions (e.g., peer evaluations, self-reflection, etc.)
* Provide an evaluation of the research/scholarship or artistic work of the applicant in relation to expectations in the field and in relation to overall quality and quantity.
* Provide an evaluation of the applicant’s service contributions.

|  |
| --- |
|  |

### If Applicable, Evaluation of Use of Previous Sabbaticals

Please put N/A if not applicable

|  |
| --- |
|  |

### Overall Evaluations

Mark the appropriate category reflecting an overall rating for the applicant’s record in each area. The full range of the scale should be considered when judging the sabbatical application. The final judgment should reflect the detailed evaluation of each area.

1. **Evaluation of the Sabbatical Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Excellent | Very Good | Good | Marginal | Poor |

1. **Evaluation of Teaching, Research, Scholarship, Creative or Artist Performance, and Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Excellent | Very Good | Good | Marginal | Poor |

1. **Evaluation of use of previous sabbaticals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Excellent | Very Good | Good | Marginal | Poor |

|  |
| --- |
|  |
| Full Name |
|  |
| Title  (e.g., Chair/Director, Dept./Unit Committee, School Committee) |

Evaluations and ratings were completed by:

### Department/Center, Libraries, or Schools without Departments Endorsement

The committee chair has reviewed the attached application for sabbatical leave and found that:

|  |  |
| --- | --- |
|  |  |
| It Meets the Guidelines and Criteria  for Award of Sabbatical Leave | It Does Not Meet the Guidelines and Criteria  for Award of Sabbatical Leave |

|  |  |  |  |
| --- | --- | --- | --- |
| Out of |  | applications for sabbatical leave, this application is ranked, |  |

*Please provide the rationale for the numerical rating (N/A if there was only one applicant from the unit).   
Please provide the rationale for a Meets criteria endorsement for a candidate with a marginal or poor rating.*

|  |
| --- |
|  |

***NOTE:*** *Applications that do not include a ranking and rationale will not be considered for review by the University Committee.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Committee Chairperson Signature  (if no digital signature available, please print, sign, and scan) |  | Please Type Name |

### Department Chair, Director, or Dean Endorsement (check all that apply)

Can the individual’s instructional and other responsibilities be covered should the sabbatical leave be awarded?

|  |  |
| --- | --- |
|  |  |
| Yes | No |

If the answer is Yes: complete the next step.

If the answer is No: do not forward the application for the next level review and please inform the applicant that your unit/school cannot provide the necessary release time for the sabbatical leave.

|  |  |
| --- | --- |
|  |  |
| I concur with the committee’s  evaluation and ranking | I do not concur with the committee  for the reasons stated in the attached memo  (please include the memo with this document) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Chair, Director, or Dean Signature  (if no digital signature available, please print, sign, and scan) |  | Please Type Name |

***Save this document with the filename: Lastname, FirstInitial Initial Eval.pdf***