## Sabbatical Leave Intermediate Evaluation

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

### Procedures and Instructions

***For Schools (with departments), College, or Office of Research***

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 Intermed Eval.pdf.*** Include in the pdf any memos from the evaluation committee or chair, director, or dean.
* 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 Provost’s Office by **Thursday, October 24, 2024,** to meet its stated submission deadline.

### Submission to Provost Office

Schools, CLAS, and Office of Research must submit 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).

### Intermediate Level Endorsement and Evaluation Page

For Sabbatical Leave Requests by: Schools (with Departments), College, or Office of research

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Last Name* |  | *First Name* |  | *Middle Initial* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Current Rank* |  | *Department/School* |

### School, College, or Office of Research Committee 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, if there was only one applicant from the unit write, N/A.*

|  |
| --- |
|  |

***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 |

### Dean or Vice Chancellor Office of Research Endorsement (check all that apply)

If the sabbatical leave is awarded, can the individual’s instructional and other responsibilities be covered?

|  |  |
| --- | --- |
|  |  |
| 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) |

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

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