**Proposed Leave Coverage Plan** *– rev. 10-7-22*

**Complete this form and submit it with the signed Request for Sabbatical or Unpaid Leave form. A separate chair’s letter is not required.**

Department:       Faculty member:

Sabbatical or leave request is for: [ ]  Fall [ ]  Spring [ ]  Full year

What would be the faculty member’s usual responsibilities during this period if they were not on leave?

Teaching (including advising):

Service and administration:

How do you propose that these responsibilities will be met while the faculty member is on leave?

Teaching (including advising):

Service and administration:

Will the faculty member have an active externally funded grant during the leave?

 [ ]  Yes [ ]  No [ ]  Proposal(s) pending

What is the estimated cost of this proposed leave coverage plan? Please itemize.

|  |  |  |
| --- | --- | --- |
| **Item** (example: adjunct for 1 section ENG 317) | **Cost** | **Explanatory notes** |
|       |       |       |
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|       |       |       |
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|       |       |       |
| Total  |       |  |

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Chair’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair’s signature Date

The information on this form is used in the approval process and to estimate the cost of the leave replacement. Confirmation that the proposed costs will be covered ordinarily occurs as part of the scheduling building process for each semester. Courses requiring sabbatical replacement should be listed on the unit’s section funding request for the semester at issue.

Chairs/directors are welcome to contact the dean with any specific questions about coverage.

For jointly appointed faculty member, both of the chairs or directors must sign.