

**Request for
SABBATICAL**

**Case Western Reserve University School of Medicine
All materials to: Office of Faculty Affairs and Human Resources
School of Medicine, W171, location code 4915
Fax: 216/368-3013**

MS Word Export To Multiple PDF Files Software - Please purchase license. Faculty member:

First name	Middle initial	Last name	Degree
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Department: _____

Beginning and ending dates of the proposed sabbatical _____ to _____

Previous sabbatical history: ___ date of previous leave(s) _____

or

___ Candidate has not taken a sabbatical as a CWRU faculty member

Application Check List

(see **Faculty Appointments, Promotions and Tenure Procedures Manual** for more detail)

<http://casemed.case.edu/facultyaffairs/>

- Detailed plan for the sabbatical
- The department chair's letter of support (this letter must address how the faculty member's responsibilities will be covered during the sabbatical period and whether or not financial support, is being requested)
- The faculty member's curriculum vitae

For a description of and requirements for a Sabbatical, please refer to the Faculty Handbook

(<http://www.case.edu/president/facsen/frames/handbook/CASEFH2006.pdf>)