

## Faculty Binding Agreement Regarding Sabbatical Leave

By my signature below and through my petition for sabbatical leave, I hereby agree to the following:

1. Sabbatical leave is a serious professional responsibility and I shall use it for activities that will improve my contribution to the missions of the University of Louisville [University].
2. I shall submit a specific plan for my sabbatical leave that will include expected outcomes and products, acceptable to my dean, as well as the length of sabbatical I am requesting with specific dates of absence. Should I not achieve the expected outcomes I understand that sabbatical leave may be denied in the future.
3. Within two months of the end of my sabbatical leave (or earlier if required by my unit), I will provide a written report to my dean describing how I achieved the goals of my sabbatical proposal. My dean will consider this report should I apply for sabbatical leave in the future.
4. I understand and acknowledge that, with the granting of sabbatical leave, the University releases me from my regular duties (e.g., some combination of instruction, service, research and/or clinical responsibilities), thereby affording me the time to pursue a mutually agreed upon set of professional pursuits, for the mutual benefit of the University and me.
5. I guarantee that I will provide at least one year of continued full-time service to the University immediately following my sabbatical leave. Failure to return to University service for the required period creates an obligation on my part to refund the amount of the salary received during the sabbatical leave.
6. I acknowledge and agree that the University will rely on my agreements set forth above in considering my petition for sabbatical leave.

I agree to the conditions stated above should the University approve my sabbatical petition.

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Faculty Name (signed)

Date

Faculty Name (printed)