

**Jefferson Medical College / Thomas Jefferson University  
Application for Sabbatical Leave\***

Date of Application \_\_\_\_\_

1. Name \_\_\_\_\_

2. Rank \_\_\_\_\_

3. Primary Department \_\_\_\_\_ Secondary Department\*\* \_\_\_\_\_

4a. Date of Appointment as Full-time \_\_\_\_\_

4b. Length of Continuous Service at Jefferson in Full-Time Position \_\_\_\_\_

5. Date and Length of Last Sabbatical Leave \_\_\_\_\_

6. Desired Starting Date to Begin Sabbatical Leave \_\_\_\_\_

7. Source of Financial Support (include cost center) \_\_\_\_\_

8. Replacement Arrangements \_\_\_\_\_

9. Site and Address of the Sabbatical \_\_\_\_\_

10. Person(s) with whom Applicant will work \_\_\_\_\_

11. Attach a Complete Description of Proposed Activities as outlined in Section (2) of Procedural Details

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Approved:

Disapproved: \_\_\_\_\_  
Department Chairperson (Primary) Date

Approved:

Disapproved: \_\_\_\_\_  
Department Chairperson (Secondary) Date

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Approved:

Disapproved: \_\_\_\_\_  
Sabbatical Leave Subcommittee of the Date  
Committee on Faculty Affairs

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Approved:

Disapproved: \_\_\_\_\_  
Dean of the Medical College Date

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**\*The applicant must furnish three copies of the completed form.**

**\*\*If more than one appointment is held, both chairs must approve.**

**September 2003**