

NATIONAL TAIWAN UNIVERSITY

Sabbatical Leave Application for Professors/Associate Professors, Academic Year

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One Academic Year One Semester

Name of applicant		Title	
Employee No. (Required)			
Affiliated college/academic program	College (or Office, Center, Degree Program): _____ Department: _____ Graduate Institute: _____		
Joint-appointment college/academic program	College (or Office, Center, Degree Program): _____ Department: _____ Graduate Institute: _____		
Concurrently undertaking administrative duties	<input type="checkbox"/> Yes (Unit and adjunct administrative title: _____) <input type="checkbox"/> No		
Date of birth / Will you be/turn 65 years old in the semester or academic year of the sabbatical leave for which you are applying?	Date of Birth : (MM) (DD) (YYYY) <input type="checkbox"/> Yes <input type="checkbox"/> No I will be/turn 65 years old in the semester or academic year for which I am applying for sabbatical leave (if applicant will be/turn 65 years old during the sabbatical leave period, the leave will only be approved until the semester in which the applicant turns 65 years old).		
Beginning year/month of current rank	(MM/YYYY)		
Last sabbatical leave period and report submission status (If applying for sabbatical leave for the first time, please leave this space blank)	1. Last sabbatical leave was in academic year _____ First leave period: From _____(MM/DD/YYYY) to _____ MM/DD/YYYY Second leave period: From _____(MM/DD/YYYY) to _____ MM/DD/YYYY (If the previous sabbatical leave was discontinuous, please fill in both parts.) 2. Has the report of the previous sabbatical leave been reviewed and approved by the academic program's faculty evaluation committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title of research project			
Sabbatical leave period of current application (Must coincide with the start of the semester)	<input type="checkbox"/> From Aug. _____ (YYYY) to Jan. _____(YYYY + 1) <input type="checkbox"/> From Feb. _____(YYYY + 1) to July _____(YYYY + 1) <input type="checkbox"/> From Aug. _____(YYYY + 1) to Jan. _____(YYYY + 2) <input type="checkbox"/> From Feb. _____ (YYYY + 2) to July _____(YYYY + 2) <u>(If the sabbatical leave will be discontinuous, please fill in the appropriate sections. Applications for a single semester of sabbatical leave may be made only if it can be completed within one year of approval)</u>		

Accumulated years of service (If there is any reason for a deduction, please deduct the relevant years of service)	_____ Years _____ Months		
Reserved years of service on this sabbatical leave application	_____ Years _____ Months 【If cumulative years of service for this sabbatical leave application exceeds the required amount (3.5 years or 7 years), the excess amount may be reserved for use on the next sabbatical leave application.】		
If any years of service must be deducted or added in accordance with any item in Article 4 or Article 5 of the <i>Directives Governing Sabbatical Leave for Professors and Associate Professors</i> , please explain in detail and include the beginning and ending month/year. (Otherwise leave this space blank)	1. Deductions: Reason: From/to: 2. Additions: Reason: From/to:		
Signature/seal of applicant	Signature/seal of Director of jointly appointing academic program	Signature/seal of Director of academic program	Signature/seal of Dean (college)
Date of application: _____ (MM/DD/YYYY)			