

FACULTY REQUEST FOR LEAVE CHECKLIST

Name: _____ Department: _____

1. Please identify the type of leave you are requesting. Check type.

7 th semester Pre-tenure	7 th Semester	7 th year Academic Year	7 th year One semester	Leave-without- pay

2. Please identify period of leave.

Fall Semester 2017	Spring Semester 2018	Academic Year 2017-18

3. Please identify your course load during semester in residence and semester of leave.

Semester in residence	Semester of leave

4. Faculty requesting a leave are required to submit all materials listed below to the Dean of Faculty's Office. Please check if you have sent the following:

Plan of study	
Electronic one-paragraph summary of leave plan for inclusion in board materials	
Letter of support from Department chair which includes: <ul style="list-style-type: none"> • The manner in which your courses will be covered if your leave request is granted, • A statement about the effects of this leave on the Scripps curriculum (in the department, the Core program, and other programs in which you regularly teach), • The availability elsewhere in Claremont and the accessibility to Scripps students of those courses that may not be offered at Scripps as a result of your sabbatical, and • A request for any partial replacement deemed necessary. In extraordinary circumstances, full-time replacement will be considered. 	

Department Chair's Approval: _____
Signature

Please Submit To Dean of Faculty Office by Friday, September 30, 2016.