

Leave Request Form AY2025 - 2026

For medical leaves, please contact your faculty affairs office directly. Parental teaching relief is not a leave and can be requested through your faculty affairs office.

Name:			
Title:			
Department(s):			
Type of Leave Requested:	Duration of Leave:		
Sabbatical (tenured faculty)*	Semester 1 (Fall 2025)		
Post-Tenure Sabbatical**	Semester 2 (Spring 2026)		
Junior Sabbatical	Academic Year 2025-2026		
Scholarly Leave (lecturers/senior lecturers)	Other:		
Leave of Absence Without Salary			
Date and last type of leave requested:			
after your last leave, please attach one to this re	returning from paid leave. If you did not submit a sabbatical quest.	report	
semesters in residence, a tenured faculty member may be elig the Dean of Faculty's website and Chapter 13 of the Handbook **Faculty newly tenured and promoted to Associate can appl	may be eligible for a sabbatical of one semester at full salary. After twelve gible for a sabbatical for an academic year at full salary. For details of eligibiok of Academic Administration. Ily for a sabbatical semester at 100% salary or a year at 75% salary review. For a sabbatical semester in the second academic year after promotion.		
Diggs describe the number of the paid leave			
Please describe the purpose of the paid leave:			



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If you will be at another institution, please indicate where you will be and corresponding title (if any):					
If you have applied or anticipate applying for any fellowships or grants, please list them along with anticipated funding levels and notification dates:					
Please list your regular course offerings and describe the arrangements that have been made (in consultation					
with the department chair as well as the appropriate academic dean, as needed) for them in your absence.					
Course Offering(s):	Arrangement(s) Made:				
Please describe arrangements that have been made for continuation of your graduate and undergraduate advising					
responsibilities, including responsibilities for graduate students under your direction:					

In applying for this leave, I am aware that it is subject to the following terms and conditions and agree that my leave will comply with these terms and conditions:

- A faculty member may not hold a second, regular (tenure-track or tenured) appointment at another university, concurrently with the appointment at Brown.
- A faculty member on sabbatical generally may not receive compensation for services at another institution without permission from the cognizant dean.
- Leaves of more than one year may be granted only in exceptional circumstances. Any leave of absence from Brown University may not extend beyond two consecutive years.
- If a faculty member is serving as the Principal Investigator, Co-Principal Investigator or Project Director on a grant or contract at the time leave is requested, the faculty member must contact their contract administrator in OSP (x3-2777) to review applicable sponsor requirements regarding a leave. Note that federal regulations require prior agency approval if there will be an absence for more than three months, or a 25 percent or greater reduction in time devoted to the project, by the approved Project Director or Principal Investigator. Note also that the University's intellectual property policy continues to apply to faculty while on leave.



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Terms and conditions of leave, continued:

- It is a faculty member's responsibility to contact the Benefits Office to determine any consequences leave status might have on University-provided benefits. Arrangements to continue benefits during a leave may require direct payment to the University during the leave.
- Leaves with pay (sabbatical leaves or leaves on special assignment) are provided as an investment in a faculty member's future professional contributions to the University. Accordingly, a faculty member on any kind of paid leave is required to return to active teaching duty for at least one year following completion of the paid leave. Failure to do so may result in liability for reimbursement to the University for the salary and benefits paid by the University during the period of the leave.

Any exceptions to the above rules must be approved in writing by the Dean.

Please type your name below, date, and give to your departs Chairs should review the request and, if approved, forward th appointment, please send a copy of the	e signed form to y	our Dean's facult	ty affairs office. If		
Type name here:			Date:		
			1		
Applicant Signature					
Department Chair – I approve this sabbatical:	Yes		No		
Comments:					
Department Chair Signature Second Department Chair Signature, if applicable.					
(Associate) Dean – I approve this sabbatical:	Yes		No		
Comments:					
(Associate) Dean Signature					
(/ issociate) beam signature					
Additional signature as required – I approve this sabbatical:	Yes		No		
Comments:					
Signature					