



## 2026 APPLICATION FOR SABBATICAL LEAVE 2027-2028

Please review the following:

1. Purdue Fort Wayne [Sabbatical Leave of Absence](#) website
2. Your Department or Division's sabbatical leave criteria

Applications and other required documents must be received by the Office of Academic Affairs by **Friday, October 2, 2026**. Follow the detailed instructions in the Provost's Call that was emailed to tenured faculty by the Office of Academic Affairs at the beginning of the Fall semester. Should you have questions regarding sabbatical eligibility email Julie Lake at [yoderj@pfw.edu](mailto:yoderj@pfw.edu)

### Mandatory Training for Purdue Researchers

Purdue University requires all researchers complete both Responsible Conduct of Research (RCR) trainings. If you have not already done so, complete the [CITI RCR General \(Basic\) Training](#) and [Purdue RCR Discipline-Specific \(Field-Specific\) Training Workshop](#).

The applicant should submit the following to their Department Chair for the next step, the Department Committee Review. Reminder to follow the detailed instructions in the Provost's Call and OAA Memo 24-01:

1. Sabbatical Application Form signed by applicant
2. Sabbatical Narrative
3. CV
4. Department/Division's Sabbatical Leave Criteria
5. Proof of RCR General Training
6. Proof of RCR Field-Specific Training
7. Report from last sabbatical, if applicable

**PURDUE UNIVERSITY FORT WAYNE**

**APPLICATION FOR SABBATICAL LEAVE**

Applicant Name:

Department:  FTE:

Month and year tenure granted:

Date of last sabbatical:

Title of Proposed Sabbatical Project:

Expected start date of sabbatical:

Expected end date of sabbatical:

Location of proposed sabbatical activities:

List of collaborators (if applicable):

This is an application for:

Academic year faculty & librarians:

- ☐ One Semester at Half Pay    ☐ One Semester at Full Pay    ☐ Two Semesters at Half Pay  
☐ One Semester at Full Pay & One Semester at Half Pay    ☐ Two Semesters at Full Pay

Fiscal year faculty & librarians:

- ☐ Six Months at Half Pay    ☐ Six Months at Full Pay    ☐ One Year at Half Pay  
☐ Nine Months at Full Pay    ☐ 12 Months at Full Pay

*\*Administrative supplements, if applicable, will be removed for the sabbatical leave period*

By signing and submitting this application form, the applicant fully understands their obligations:

### **(1) Return to the University Post-Sabbatical**

Any member of the Purdue University Fort Wayne faculty taking sabbatical leave of absence thereby obligates the employee to return to the University and continue service for at least:

- one additional academic/fiscal year
- two academic/fiscal years, if returning as a Purdue University faculty member under the partial retirement plan

In the event of breach of this obligation, the faculty member is obligated to reimburse the University for all compensation, including cost of fringe benefits paid during the period of sabbatical leave.

### **(2) Sabbatical Report**

Following the sabbatical leave period, the faculty member is required to submit a Sabbatical Report within 3 months, covering their professional activities during their sabbatical leave.

#### Sabbatical Report must include

- how the sabbatical period was used
- what outcomes were achieved
- if your activities differed from your proposed activities in the sabbatical request, what outcomes were achieved during the sabbatical period
- indicate further outcomes that are expected as a result of the sabbatical project e.g., manuscripts in progress, future presentations planned, external funding opportunities to support future research activities, etc.

The Sabbatical Report Form can be found on the [Sabbatical Leave of Absence](#) website

#### Submission Process

Your Sabbatical Report must be submitted within 3 months to the Department Chair. The Chair and Dean will sign the Sabbatical Report form. The Dean will then forward it to the Provost and VCAA.

In signing this application, the applicant signifies that they have read and agree with these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean