Yale School of Medicine
Office of Academic and Professional Development
Phone: 203-785-4670; Email: faculty.affairs@yale.edu

Request for Sabbatical/Triennial Leave (revised October 2021)

Submit this completed form to faculty.affairs@yale.edu by December 2, 2021 for leave requests to be taken during the 2022-2023 academic year. An approved leave requires re-review if the planned activities change or a faculty member no longer plans to return to Yale.

Name: _____

Rank: _____

Department: _____

*Type of Leave Requested**

**Clinical Track faculty leaves are granted for professional or clinical skill development that will advance Yale Medicine and/or the Yale clinical mission. The leaves are subject to the same restrictions as for sabbatical and triennial leaves for the other faculty tracks. Additionally, leaves in the Clinician-Educator and Clinical Tracks may be of variable length because of the particular requirements of maintaining a clinical practice, but cannot exceed the traditional sabbatical maximum of six months at full salary or twelve months at half salary in any six-year period or the triennial maximum of 4 months at full salary in any 2 ½ year period.*

Choose only one option:

☐ Sabbatical (up to 6 months w/full salary OR up to 1 year with half salary)
☐ Triennial (up to 4 months w/full salary)

Beginning and end dates of the leave: _____

Anticipated Location: _____

Leave of Absence Plan (please provide the following information)

1) One paragraph describing the plan for your leave.

2) One paragraph describing the benefit of your leave to the University.

3) One paragraph describing how your educational, research and clinical responsibilities will be covered during your leave.

_____

Faculty member/Date

_____

Section Chief/Date (if applicable)

_____

Department Chair/Date

(Approval by the Chair assures that the leave will not have adverse effects on departmental academic and service responsibilities.)

_____

VA Service Chief/Date (for faculty with VA appointments)

(Faculty members who are employed part-time or full-time at the VA must discuss any potential plans for an educational leave with their Service Chief to clarify the necessary steps for approval, coverage, and financial support, and must obtain approval of the leave from the Service Chief as well as from the Department Chair.)

Do you have clinical responsibilities? Yes ☐ *No* ☐ *(If yes, YM approval is required)*

_____

Deputy Dean for Clinical Affairs/Date (for faculty with clinical responsibilities)

(Approval by the Deputy Dean for Clinical Affairs assures that the leave will not have anadverse effect on the clinical practice.)

_____

Deputy Dean for Academic Affairs/Date

(Approval by the Deputy Dean for Academic Affairs assures that the faculty member is eligible based on years in rank and time since the last sabbatical/triennial leave, as specified in the Faculty Handbook.)