UCF | Faculty Excellence

2023-2024 College of Medicine
Non-Unit Sabbatical Awardee Memorandum of Understanding

Sabbaticals are granted to increase an employee's value to the University through opportunities for research, writing, professional renewal, further education, or other experiences of professional value.

Name: _____ **Employee ID:** _____

College: _____ **Department (home):** _____

Phone: _____ **E-mail:** _____

By signature below, I acknowledge I must return to the University for at least one academic year (fall and spring) immediately following participation in the program. Upon my return, I am required to submit a brief written report to my dean or director that outlines my accomplishments during the sabbatical and present a seminar to the faculty summarizing my accomplishments. Should I decide not to abide by the terms of the sabbatical program, I understand that I am responsible for reimbursing UCF within 60 days. This reimbursement includes, but is not limited to, repayment of all salary, retirement, benefits, equipment, and expenses paid for or to benefit me during the sabbatical.

I further acknowledge, UCF-3.018 Conflict of Interest or Commitment; Outside Activity or Employment, will continue to apply during the sabbatical period, and that it is my responsibility to update my Potential Conflict of Interest and Commitment annual disclosure at any time an activity begins or ends during this period. If there is payment associated with this sabbatical, I accept that my university salary will be reduced by the amount necessary to bring the total income of the sabbatical period to a level equal to my current year salary rate. I understand that it is my responsibility to report such earnings to the University as soon as I receive notice that I will be receiving them. If I am unable for whatever reason to take this sabbatical, or seek an amendment to this sabbatical, I will inform my Chair and Dean's office promptly of this decision. By signing this form, I acknowledge and agree to the sabbatical program requirements as outlined in this document.

_____	_____	_____	_____
Employee signature	**Date**	**Chair/Director signature**	**Date**

INSTRUCTIONS (Chair): Sabbatical leaves are contingent upon committee approval. Please sign to acknowledge receipt and forward the signed memorandum to the dean's office.

Funding for the sabbatical is provided by the college, including the expense of covering any teaching responsibilities of the absent faculty member.

Dean's office use only: In the appropriate place below, please indicate type of sabbatical awarded and date(s) the leave will occur. Deadline for sending completed MOU to Faculty Excellence is **March 6, 2023.** If any changes are made to the agreed upon timeframe or conditions of the leave, promptly notify facultyexcellence@ucf.edu or call 407-823-1113.

Type of sabbatical awarded: ***Approval signature of Dean or designee:*** _____

- ☐ Type IA: One semester at full pay
- ☐ Type IB: Two semesters at ¾ pay

Semester(s) in which the sabbatical will occur: _____

NOTE: Upon return from sabbatical, the COM HR Business Centers must update Workday.