



**2024-2025  
In-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** **EmplID**

**College** **Department**

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 college dean's office and my department/school/unit that outlines my accomplishments during the sabbatical. I understand that if I fail to return to the University for at least two consecutive semesters, fall and spring, in the year following participation in the program, all salary and fringe benefits received during my participation in the program must be repaid to the University within 30 days of resignation or job abandonment. I also understand, that if I make little to no effort to complete the project described in my application, I shall receive an "Unsatisfactory" overall annual evaluation and will be ineligible to apply for a sabbatical for ten years.

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 and [Article 22](#) of the most recent *UCF BOT-UFF Collective Bargaining Agreement*.

**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 4, 2024**. If any changes are made to the agreed upon timeframe or conditions of the leave, promptly notify [facultyexcellence@ucf.edu](mailto:facultyexcellence@ucf.edu) or 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
- Type II: Up to two semesters at ½ pay

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

*NOTE: Upon return from sabbatical, Business Centers must update Workday.*