APPENDIX A-10

MEMORANDUM OF AGREEMENT FOR SABBATICAL LEAVE OF ABSENCE

PF-15

I affirm that the purpose of my sabbatical leave is as stated in my approved sabbatical leave plan. I agree to submit to the Provost any change of sabbatical leave plan prior to the beginning of my sabbatical leave period, and I also agree not to implement any change of leave plan without his explicit approval. Such approval shall not be withheld unreasonably. In the event that I have filed a change of sabbatical leave plan, the Provost shall notify me that my change of plan has been accepted (and that my sabbatical leave may proceed as scheduled) or that my change of plan has been rejected and that my sabbatical leave has been canceled. If such cancellation occurs at least two months prior to the date on which my sabbatical leave was originally scheduled to begin, I shall return to the University to resume my regular faculty duties or I shall request a change of leave status from sabbatical leave of absence to leave of absence without pay, such request to be without prejudice to my contractual grievance rights or to my right to appeal the decision of the Provost to the Chancellor.

I affirm that I shall not accept full-time employment during my official sabbatical leave period and that I have divulged in my official sabbatical leave plan all financial compensation relative to the purpose for which sabbatical leave has been authorized. Prior to the beginning of my sabbatical leave period, I agree to secure the approval of the Provost for any unanticipated additional compensation relative to the purpose for which sabbatical leave has been authorized. Such approval shall not be withheld unless, in the reasonable view of the Provost, the unanticipated additional compensation is contrary to the purpose for which sabbatical leave has been authorized. I further agree either to abide by the decision of the Provost or to file with him one of the following requests: (1) a request to resume my faculty duties pending review of my additional compensation if these events occur at least two months prior to the date on which my sabbatical leave was originally scheduled to begin, or (2) a request for a change of leave status from sabbatical leave of absence to leave of absence without pay, such request to be without prejudice to my contractual grievance rights or to my right to appeal the decision of the provost to the Chancellor. If my sabbatical leave is canceled or changed to leave of absence without pay before the date on which my sabbatical leave was originally scheduled to begin, such cancellation or change shall be without prejudice to my subsequent eligibility for sabbatical leave. If my sabbatical leave is canceled or changed to leave of absence without pay after the date on which my sabbatical leave was scheduled to begin, such cancellation or change shall prejudice my subsequent eligibility unless the decision of the Provost is overturned by the Chancellor in resolution of a grievance which I have filed.

Within one semester following completion of my sabbatical leave, and at a time within this period designated by the Provost, I agree to submit to my chairperson and college dean a written report detailing my achievements during the official sabbatical leave period.

I understand that failure to comply with the aforesaid provisions of this Memorandum of Agreement constitutes default of my approved sabbatical leave and pending any subsequent determination of the Chancellor of the University of Massachusetts Lowell, I agree to repay to the Commonwealth of Massachusetts such University salary as the Chancellor has determined.
Upon termination of authorized sabbatical leave, I further agree to return to the service of the University of Massachusetts Lowell for a period equal to twice the length of granted sabbatical leave and that in default of completing such service I agree to refund to the Commonwealth of Massachusetts, unless excused therefrom by the Chancellor of the University of Massachusetts Lowell, an amount equal to such portion of the salary received while on sabbatical leave as the amount of service not actually rendered as agreed bears to the whole amount of service agreed to be rendered.

Signature of Sabbatical Recipient ____________________ Date of Signature __________

Signature of Provost ____________________ Date of Signature __________

Official Sabbatical Leave Period: ________________