

Mini Faculty Sabbatical Pilot Program Application Form

Host's name:	Organization:
Phone:	Email:

Faculty name:	Phone:
Email:	Address:

Duration of visit: Dates (1-3 months): _____

Division Leader Authorization:	Date:
AD/PAD:	Date:

1. What is the *value* to the Laboratory? (500 words or less) *Be specific about what LLNS staff will be learning how LLNL programs will benefit and how the topic aligns with the Host's research and/or the host's organization.*

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2. What will the faculty member be doing at LLNL? (500 words or less) *Be specific about what the faculty member will be learning. Who will they be interacting with? How will the faculty member benefit from this sabbatical?*

____ As a staff host, I agree (check box) to coordinate an office, a computer, any laboratory and/or computational resources for my faculty member.

____ As a staff host, I agree to write a short report (2-4 pages) with my faculty member summarizing the sabbatical experience. This is due the last day of their visit and should be sent to the director of University Relations.

____ The faculty member has agreed to give a department seminar about his/her research when they first arrive.

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FACULTY EMPLOYEE ASSIGNMENT DESCRIPTION		
Posting #:	Job Classification: 708.3	
Faculty Name:		
Directorate:		
Division/Department/Program:		
Matrix Organization: <input type="checkbox"/> NA		
POSITION/DUTIES:		
This assignment will include the following:		
TECHNICAL MENTOR:		
Name:		
Lab Ext:	Email:	Building/Room:
LITE COORDINATOR <i>(For assistance with entering your time)</i>		
Name:		
Lab Ext:	Email:	Building/Room:
Salary Project/Task #:		
RELOCATION/ TRAVEL <i>(For assistance with your reimbursement)</i>		
<input type="checkbox"/> Not eligible (Local Hire)	Name:	
Lab Ext:	Email:	Building/Room:
Travel Project/Task # <i>if number is different than salary number:</i>		
LTRAIN COORDINATOR <i>(For assistance initiating training plan)</i>		
Name:		
Lab Ext:	Email:	Building/Room: