REQUEST FOR SABBATICAL LEAVE: FACULTY

To be considered for the following academic year, application must be received in Human Resources by 4 p.m. on the first Monday in December.

Name: ___________________________ Date: __________ Department: __________
Date of Hire (full-time): ________________ Date of Last Sabbatical Leave: __________

Time Period of Requested Leave: ________________
I will return to my position as of: ________________ Signature: ____________________

ATTACHED DOCUMENTATION: (To be completed by applicant)
1. Statement of purpose, including specific activities to be accomplished with time lines for completion.
2. State the method of evaluating progress.
3. State the value of the leave to the applicant.
4. State the value of the leave to the College.
5. State the expected dollar value of grants, fellowships and/or other remuneration related to sabbatical activities (specify type and amount).

APPLICATION REVIEW: COMPLETE BEFORE SUBMITTING TO HUMAN RESOURCES

Academic Dean’s Signature: ___________________________ Date: __________
Provost and Vice President of Academic Affairs’s Signature: ____________________
Date: ___________________________

RECOMMENDATION OF THE SABBATICAL LEAVE COMMITTEE:

Name: ___________________________ Title: ___________________________
Name: ___________________________ Title: ___________________________
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