

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 Signature: _____

Date: _____

RECOMMENDATION OF THE SABBATICAL LEAVE COMMITTEE:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____