

SABBATICAL LEAVE APPLICATION

NAME:

DATE

ACADEMIC RANK:

COLLEGE:

DEPARTMENT/PROGRAM:

DATE OF INITIAL APPOINTMENT:

DATES OF LAST SABBATICAL LEAVE:

DESIRED DATES OF THIS SABBATICAL LEAVE: Fall Semester: Date:

Spring Semester: Date:

TERMS OF LEAVE: (Eligible at the end of six or more years of permanent, full-time service)

One semester at full salary: []

Two semesters at one-half salary: []

TERMS OF LEAVE: (Eligible at the end of eight or more years of permanent, full-time service)

Two semesters at two-thirds salary: []

PURPOSE OF SABBATICAL LEAVE: [A written detailed plan for the program(s) of work and/or study that will be pursued during the sabbatical and how the planned program(s) will enhance the applicant's professional development must accompany this form. Please indicate whether external funding is being sought]

(A detailed report of activity and accomplishments must be submitted through the same channels as this application by the end of the first semester following the completion of the sabbatical).

Signature of Applicant

[] Approved* _____ Date _____

[] Disapproved Department/Program Chair _____ Date _____

(*Recommendation and explanation as to arrangements contemplated and budgetary adjustments, if any, to maintain the department's program must accompany approval)

Comments: _____

[] Approved* _____ Date _____

[] Disapproved Dean _____ Date _____

(*Recommendation and explanation as to arrangements contemplated and budgetary adjustments, if any, to maintain the department's program must accompany approval)

Comments: _____

[] Approved _____ Date _____

[] Disapproved Provost and Vice President for Academic Affairs _____ Date _____

Comments: _____

(This Form Together with the Sabbatical Proposal Must Be Submitted to the Chair By December 15 Of The Preceding Year of the Anticipated Leave)