

**SABBATICAL LEAVE REQUEST**  
Summary Sheet

NUMBER OF SEMESTERS: \_\_\_\_\_ DATES OF SABBATICAL LEAVE: FROM: \_\_\_\_\_ TO \_\_\_\_\_

**FACULTY STATUS: To be completed by requesting faculty member.**

NAME: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

DEGREES HELD/  
FIELD OF STUDY: \_\_\_\_\_

PRESENT POSITION/  
ACADEMIC RANK: \_\_\_\_\_ DEPARTMENT/DIVISION/  
ADMINISTRATIVE UNIT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATES OF FULL-TIME EMPLOYMENT AT INSTITUTION: (Including Current Year)

FROM: \_\_\_\_\_ TO \_\_\_\_\_ TOTAL YEARS: \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_

SALARY FOR ACADEMIC YEAR SABBATICAL: \_\_\_\_\_ (Equals ½ of Current Salary)

DATE TENURED: \_\_\_\_\_ DATE OF LAST SABBATICAL: \_\_\_\_\_

**DEPARTMENT/COLLEGE/INSTITUTIONAL COMMITMENT: To be completed by Dean and Department Chairperson.**

HOW WILL TEACHING, ADVISING AND OTHER SUCH DUTIES BE MET DURING ABSENCE? \_\_\_\_\_

COSTS TO COLLEGE: \_\_\_\_\_

HOW WILL THESE COSTS BE COVERED BY COLLEGE?: \_\_\_\_\_

\_\_\_\_\_  
Department Chairperson Signature Date Dean's Signature Date

**SABBATICAL SUMMARY: To be completed by requesting faculty member. Attach detailed plan and additional pages.**

BRIEF SUMMARY OF PLAN OF ACTIVITY/PURPOSE OF SABBATICAL:

SUMMARY OF BENEFIT TO INSTITUTION: