

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: