

Sabbatical Request Checklist

Name: _____ Department: _____

Semester/Year: Fall _____ Spring _____ Yr. _____ Associate Dean: _____

Leave history since last sabbatical: _____

Requesting course coverage: n/a _____ No _____ Yes _____

Board of Trustees Required Information

Chair's Office:

_____ 1. Chair's supporting letter; rank order: _____

_____ 2. Personnel Transaction Form

_____ 3. Sabbatical Leave Request Form

Applicant's request letter:

_____ 4. Statement outlining the programs to be followed while on leave.

_____ 5. Statement on whether or not any additional income is expected, with a detailed explanation of expected additional expenses.

_____ 6. In affirming the intention to return to the University, the applicant must also state that he/she may be required to repay all salary earned during the leave if the agreement to return for at least one year is broken and that upon return, the applicant will submit a report of accomplishments to the Department Chairperson no later than the end of the first full semester after returning from the leave.

_____ 8. Statement outlining terms of salary:
Full salary for one half year {1 semester} One-half salary for one year {2 semesters}

_____ 9. Current Vita: included on file

To be completed by the Dean's Office

Starting date {10/12?} _____

Waiver of 6 mos. Notice needed? YES NO Date of Waiver Approval: _____

Assoc. Dean's Approval: _____