

## **Application for Sabbatical Leave**

Applicant's Name:	Name of College:
Hire Date:	Years of Continuous Service:
Applicant's ID Number:	Tenure Date:
Academic Discipline:	Previous Sabbatical:
I would like to apply for sabbatical for	
My sabbatical activities include travel outside of the L	Inited States
I would like to apply for a paid sabbatical during the	Academic Yearin theFall semester
	Spring semester
	Fall & Spring
I understand that upon the expiration of the leave granted purpon presentation and acceptance of evidence satisfactor and conditions, I shall be returned to the position I formally	y to the Chancellor showing full compliance with its terms
I also understand that in the event that I fail to return to wo otherwise violate the terms of my sabbatical leave, I agree t of my sabbatical.	
Article IX.A.1.f states that a faculty member on a sabbatical I does not constitute more than one-third of this full-time team not accept another position.	
Faculty Signature	Date:

For administrative use only		
Years of continuous service:		
Previous sabbatical:		
Base annual salary:		
Approvals		
Sabbatical Committee:	Date:	
College President:	Date:	
Deputy Provost:	Date:	
Chancellor/Designee:	Date:	