



NAME: _____

DEPARTMENT(S): _____

TITLE: _____

EFFECTIVE DATE OF TENURE: _____ *If your planned sabbatical is contingent upon receiving tenure, please indicate the proposed date of your sabbatical and pay terms requested.*

MOST RECENT SABBATICAL(S):	DATES	PERCENTAGE OF BASE SALARY RECEIVED
----------------------------	-------	------------------------------------

DURATION OF LEAVE:

ACADEMIC YEAR 2019-2020	AT: 3/4 BASE SALARY	FULL BASE SALARY
FALL 2019	AT: 3/4 BASE SALARY	FULL BASE SALARY
SPRING 2020	AT: 3/4 BASE SALARY	FULL BASE SALARY
CALENDAR YEAR 2020	AT: 3/4 BASE SALARY	FULL BASE SALARY

SABBATICAL DEFERRAL SABBATICAL DEFERRED UNTIL: _____

ESTIMATED TIME REQUIRED TO COMPLETE PROJECT: _____

FORM OF FINISHED PROJECT: (BOOK, REPORT, ARTICLE): _____

PLEASE GIVE A SHORT DESCRIPTION OF YOUR SABBATICAL PROJECT:

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED LEAVE, PLEASE STATE:

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT: _____

DATE YOU EXPECT CONFIRMATION OF EXTERNAL FUNDING: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CHAIR'S SIGNATURE: _____ DATE: _____