



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
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DURATION OF LEAVE:

ACADEMIC YEAR 2017-2018	AT: 3/4 BASE SALARY	FULL BASE SALARY
FALL 2017	AT: 3/4 BASE SALARY	FULL BASE SALARY
SPRING 2018	AT: 3/4 BASE SALARY	FULL BASE SALARY
CALENDAR YEAR 2018	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: \_\_\_\_\_