

# Faculty Sabbatical Leave Proposal

Faculty Member's Name \_\_\_\_\_

Department \_\_\_\_\_

Beginning date of sabbatical leave \_\_\_\_\_

Ending date of sabbatical leave \_\_\_\_\_

Chair's statement on the importance of the sabbatical work to the faculty member and the missions of the department, college, university, and society:

Department chair's signature \_\_\_\_\_

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Chair Routing: Send this form, the Provost's Sabbatical Leave Application, and the faculty member's 2-5 pp description of the program to the Associate Dean for Faculty Resources, Planning, and Assessment, attached to email.

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\_ Internal use:

- leave request entered in the FDB \_\_\_\_\_
- paper copy placed in pending file \_\_\_\_\_
- paper copy mailed to Provost's Office \_\_\_\_\_
- chair notified when proposal approved by the Provost \_\_\_\_\_
- approval and forms filed in faculty member's SPF \_\_\_\_\_