

SABBATICAL LEAVE REQUEST APPROVAL FORM

I, _____ hereby request Sabbatical Leave for the period _____. My plans are discussed below or on the attached detailed request and a copy of my resume is attached.

Date of Initial Appointment if no previous sabbatical _____

or Date of Last Sabbatical Leave _____.

Signature of Requestor

Date

(Comments must include plans to cover required courses. See Section III. 6. of the Sabbatical Leave Policy.)

Approval Signatures and Comments

Must address how the department proposes covering courses.

Department Chair/ Program Coordinator

Date

Sabbatical Leave Committee Chair

Date

Vice President, Academic Affairs

Date

President

Date

Date of Report to Regents: _____