

SABBATICAL LEAVE REQUEST SUMMARY SHEET

NAME: _____ INSTITUTION: _____

DEGREES HELD/FIELDS OF STUDY:

PRESENT POSITION/ACADEMIC RANK:

SCHOOL/DEPARTMENT/ADMINISTRATIVE UNIT:

DATES OF FULL-TIME EMPLOYMENT AT INSTITUTION:

FROM: _____ TO: _____ TOTAL YEARS: _____

CURRENT SALARY: _____ DATE TENURED: _____

DATE OF LAST SABBATICAL: _____ SUPERVISOR: _____

HOW WILL TEACHING, ADVISING AND OTHER SUCH DUTIES BE MET DURING ABSENCE:

DATES OF SABBATICAL LEAVE:

FROM: _____ TO: _____ NO. OF SEMESTERS: _____

BRIEF SUMMARY OF PLAN AND ACTIVITY/PURPOSE OF SABBATICAL:

SUMMARY OF BENEFIT TO INSTITUTION:
