

Name:

1. Sabbatical Leave Request

Statement from the faculty member describing the purposes, objectives and scholarly and research activities of the leave, including dates, proposed benefit to the faculty member, and from this perspective, the benefit to the department/school, college and University. Attach additional pages or a copy of the request as needed.

2. Special supplemental income arrangements during leave (write "none" if there are none).

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
Date

