

REVISION TO SABBATICAL LEAVE APPLICATION FORM

Date: _____

Name: _____

ID #: _____

College/Center Assignment: _____

Date of Original Application: _____

Date of any other Revisions: _____

Please attach a copy of the original application and any revision that includes the signature of the PDC Chair to show it was approved.

Purpose of Leave:

- Academic Coursework
- Retraining
- Research
- Teaching, Learning and Appropriate Instructional and Student Services Activity

Describe in detail the revisions made from your original Sabbatical Abstract and Plan.

Describe the rationale for the changes to your Sabbatical Leave Application.

(Page 2 of Revision to Sabbatical Leave Application Form)

Recommendations and Signatures:

Name of Applicant _____ ID# _____ Campus Site _____ Phone _____

Department Chair Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Dean/Manager Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

College Professional Development Committee Chair _____
Signature _____ Date _____ Ranking _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

Vice President Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

President Recommendation: Signature _____ Date _____

____ Recommend _____ Conditional Recommendation* _____ Not Recommended*

***Must include written statement to specify/document conditions or reasons.**

Approved by Board of Trustees on _____

Date

Sabbatical Leave Recorded by Human Resources _____ **Date** _____