

Form J

Name _____
Department _____
Date _____

Date of last sabbatical _____
Year of initial employment _____
Date of LWOS _____

I prefer a sabbatical assignment for: ____ Fall ____ Spring ____ Year
(100% salary) (50% salary)
Please number in order of preference

**PROPOSAL
for
APPROVED ACADEMIC SABBATICAL ASSIGNMENT**

I. General Purpose of the Academic Sabbatical Assignment
(please check the most appropriate)

____ Research/Creative Activity ____ Updating of Professional Knowledge
____ Acquiring New Professional Knowledge ____ Enhancement of Teaching Performance

Please attach 1-2 paragraph responses for each of the following headings. The questions provided are intended *solely* to clarify the information desired for that heading; not all questions will be appropriate for all proposed sabbatical activities.

- II. Specific Purpose** (What specific activity or project will be undertaken? What is the expected outcome of the sabbatical assignment?)
- III. Background Statement** (Why is the proposed activity or project of interest to you and to others? What rationale or justification is there for pursuing the proposed activity or project?)
- IV. Outline of Activity/Project** (What stages, activities, or procedures need to be accomplished to achieve the desired outcome? What is the timeline for completing the proposed activity or project?)
- V. Anticipated Benefits** (How will your students, the University, and/or the scholarly or professional community benefit from the proposed activity or project? How will the results or accomplishments of the sabbatical assignment be disseminated? How does the proposed activity or project contribute to the mission of the University?)

RECOMMENDED:

REPLACEMENT PLAN:

☐ YES ☐ NO

If yes, indicate term approved _____

Chair

Dean

date

date

(7/30/2020)

Please note that the completed application will be placed in the employee's personnel file.