



Number: SCP-2810.A
Origination: September 2002
Effective: October 15, 2002
Reviewed: February 21, 2006

SABBATICAL LEAVE REQUEST

1. Name: _____
2. Dates of continuous full-time employment as a faculty member:
From: _____ To: _____ Total years _____
3. Dates of last sabbatical leave:
From: _____ To: _____
4. Dates requested for sabbatical leave:
From: _____ To: _____

My signature below indicates that I have read and agree to all conditions, provisions, and requirements of SCP-2810, *Sabbatical Leave For Full Time Faculty*. I agree to file a written report with the Chief Academic Officer of my activities and accomplishments during the sabbatical leave within 30 days of my return to work.

Attachments:

- Proposal
- Current Vitae

Per attached letter, I recommend approval of this leave. __Yes __No	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Faculty Member's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Faculty Member's Signature	Date
Faculty Member's Signature	Date		
Per attached letter, I recommend approval of this leave. __Yes __No	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Division Chair's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Division Chair's Signature	Date
Division Chair's Signature	Date		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Chief Academic Officer's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Chief Academic Officer's Signature	Date
Chief Academic Officer's Signature	Date		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">President's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	President's Signature	Date
President's Signature	Date		