**Name:\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Department**:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic year**:\_       **Summer** :       **Fall**:      **Winter**:      **Spring**:\_

If sabbatical leave is granted (excludes in-residence), what distribution is to be made of applicant’s classes:      \_\_\_\_

If necessary to employ substitute, what addition to department budget is required?

Is this Sabbatical leave in conjunction with a Fellowship: Yes [ ]  No [ ]

If yes, a Fellowship Leave and Salary Supplement Request Form will need to be completed. Contact your Dean’s Analyst for any questions or to obtain the form.

      ***\_\_\_***

**Faculty Signature Date**

      ***\_\_\_***

**Department Chair Signature Date**

**FOR DEAN’S OFFICE USE ONLY**

Fellowship paperwork received: Yes [ ]  No [ ]  N/A [ ]

*If required*, has Additional Supporting Documents been received from candidate: Yes. [ ]  No. [ ]

Fellowship paperwork complete       \_ \_\_\_\_ \_\_

 **Dean’s Analyst**