**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**