



**Sabbatical Leave Form**

Salisbury University  
Salisbury, Maryland

**SABBATICAL LEAVE FORM  
PART A - APPLICATION**

**PERSONAL INFORMATION:**

Name	Rank
Department	School
Date employed full-time at Salisbury University (month/year):	

Date employed full-time at Salisbury University (month/year)

***APPLICANT'S LEAVE INFORMATION***

Is this your first sabbatical leave from Salisbury University?  Yes  No

Indicate semester(s) and academic year of last sabbatical leave: \_\_\_\_\_

Indicate semester(s) and academic year for which leave is requested: \_\_\_\_\_

List by semester and year the six years of full-time teaching that qualify you for a sabbatical:

**DESCRIPTION, LIKELY OUTCOMES, AND LIKELY BENEFITS  
OF THIS SABBATICAL LEAVE**

Please address each of the following on a separate page or two, as is necessary:

1. The description (including the nature, purpose and location) of your proposed sabbatical leave project.
2. The outcome(s) you expect from your project. If you anticipate you will produce presentations or publications, please indicate possible audiences.
3. The expected benefits of your project to you (professionally), to your students, to your department, to your school, and to the university.

**STATEMENT OF FINANCIAL GAIN**

I understand that financial gain is strictly prohibited with the exception of support for the sabbatical project or compensation for occasional consulting services during the sabbatical. I agree to comply with the guideline restrictions regarding employment during sabbatical leave and recognize that I am obligated to fulfill my university contract at the end of my sabbatical leave.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**DEPT. CHAIR'S EVALUATION:**       **Recommended**     **Not Recommended**

(If the applicant is a department chair, the School Dean must complete this evaluation.) On a separate page evaluate the **description, likely outcomes, and likely benefits** of the applicant's sabbatical request and indicate **how the faculty member's duties will be covered during the sabbatical leave.**

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Signature of Chair

Date

**DEAN:**                       **Recommended**     **Not Recommended**

**Comments:**

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Signature of Dean

Date

**FACULTY WELFARE COMMITTEE'S ENDORSEMENT:**

**Comments:**

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Signature of Chair of Faculty Welfare Committee

Date

**PROVOST:**                       **Recommended**     **Not Recommended**

**Comments:**

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Signature of Provost

Date

**PRESIDENT:**     **Approve**                       **Disapprove**

**Comments:**

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Signature of President

Date

**Salisbury University  
Sabbatical Leave Form Part B  
Final Report**

**PERSONAL INFORMATION**

Name	Rank
Department	School
Semester(s) and academic year of the sabbatical leave:	

On a separate sheet, please address the following topics using as much space as needed to provide a complete report.

1. Describe your sabbatical project. If it differed from your original proposal, discuss briefly how the new project evolved. Indicate when, where and how long each activity was undertaken.
2. What outcomes did you achieve? What do you still expect to accomplish as a result of this project?
3. How did the sabbatical leave benefit you professionally? How did it or will it benefit your students, your department, school and the university?

Please attach this form to your report and deliver it to your department chair for his signature (on the reverse side of this form).

Each person who signs this form will forward it to the person who signs it next.

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Signature of Faculty Member

Date

**DEPT. CHAIR:**  **Received**  
**Comments:**

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Signature of Chair Date

**DEAN:**  **Received**  
**Comments:**

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Signature of Dean Date

**FACULTY WELFARE COMMITTEE:**  **Received**  
**Comments:**

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Signature of Chair of Faculty Welfare Committee Date

**PROVOST:**  **Received**  
**Comments:**

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Signature of Provost Date

**PRESIDENT:**  **Received**  
**Comments:**

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Signature of President Date