



Originally Issued: January 13, 2016
Reviewed: May 23, 2018
Reviewed: May 7, 2019 Reviewed:
November 4, 2021
Revised: April 6, 2026

POST-SABBATICAL LEAVE REPORT

Before completing this report please review the *Faculty Sabbatical Leave* Policy. Attach all relevant material (sample publications/chapters, evidence of professional development activities, or copies of transcripts/credentials) to this report. This report and relevant material should be submitted electronically within 90 calendar days of returning to campus. The approval sequence is as follows:

1. Dean of Colleges
2. Provost/Vice President for Academic Affairs and Student Services
3. Sabbatical Review Committee
4. University President

Name:

Position/Title:

College/Department:

Sabbatical Leave: Full Academic Year Fall 20__ Spring 20__
(Fall 20__and Spring 20__)

Achievements resulting from sabbatical

(Describe what you have accomplished during your sabbatical leave)

Benefits to the Faculty Member:

(Outline the ways in which the leave has benefited you professional and personally)



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Benefits to the University:

(Outline ways in which your leave has benefited the University)

Identification of agencies/companies/individuals/institutions with whom the applicant collaborated while on sabbatical leave:

(Be as specific as possible about the nature of the collaboration)

Expected follow-up:

(Identify any follow-up activities, study, or research that may result from your leave)

Expenses incurred from the sabbatical leave activity:

Signature of Faculty Member

Date



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This leave report has been reviewed and:

- | | |
|---|---|
| <input type="checkbox"/> Meets expected outcomes | <input type="checkbox"/> Meets expected outcomes |
| <input type="checkbox"/> Does not meet expected outcomes | <input type="checkbox"/> Does not meet expected outcomes |
| <input type="checkbox"/> Report returned to faculty member for revisions (reviewer should provide written feedback) | <input type="checkbox"/> Report returned to faculty member for revisions (reviewer should provide written feedback) |

Signature of Dean of Colleges

Date

Signature of Provost/VPAA

Date

- | | |
|---|--|
| <input type="checkbox"/> Meets expected outcomes | Meets expected outcomes |
| <input type="checkbox"/> Does not meet expected outcomes | Does not meet expected outcomes |
| <input type="checkbox"/> Report returned to faculty member for revisions (reviewer should provide written feedback) | Report returned to faculty member for revisions (reviewer should provide written feedback) |

**Signature of Sabbatical-
Committee Chair**

Date

Signature of University President

Date