



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

## SABBATICAL LEAVE APPLICATION

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Date

Name of Applicant

Initial Date of full-time employment with Athens State University

Sabbatical leave requested for  Full academic year  
(Fall 20\_\_ and Spr20\_\_)

Fall 20\_\_

Spring 20\_\_

Indicate the type of sabbatical: Scholarly-focused Sabbatical OR Industry-focused Sabbatical

I have served, continuously, for six (6) or more full-time academic years at Athens State University  YES  NO

I have taken previous sabbatical leave as follows: [list semester(s) and year]

First sabbatical

Second sabbatical

Third sabbatical

Other sabbatical

Please answer the following:

1. What do you plan to accomplish with your sabbatical? List specific expected outcomes.
2. How do you anticipate that your sabbatical plan will make you a better educator? How will your Sabbatical plan improve your teaching and student learning?
3. What activities will help you meet the anticipated accomplishments of your sabbatical plan?



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4. What is your anticipated timetable for accomplishing the activities of your plan? (by semester)
  
5. What documentation will you provide for your activities and the completion of your sabbatical plan when you write your sabbatical report?
  
6. What are the arrangements to cover your instructional responsibilities, supervision of advisees, and other duties for which you are responsible?
  
7. What is your plan for disseminating the results of your sabbatical to the University Community?
  
8. Detail any anticipated/known expenses required to complete your sabbatical plan.

This sabbatical plan, which I will complete, will be of mutual benefit to the University and to me. I further understand that upon return from the sabbatical leave, I will submit a *Post-Sabbatical Leave* report, which will document how I have accomplished this plan.

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Signature of Applicant

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Date



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## SABBATICAL LEAVE APPLICATION APPROVAL

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### Approval #1

- Sabbatical plan meets the purpose and criteria for a sabbatical leave (unconditional approval)
- Sabbatical plan is approved with the following conditions:
- Sabbatical plan is not approved for the following reasons:

\_\_\_\_\_  
Signature of Dean of Colleges

\_\_\_\_\_  
Date

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### Approval #2

- sabbatical plan meets the purpose and criteria for a sabbatical leave (unconditional approval)
- Sabbatical plan is approved with the following conditions:
- Sabbatical plan is not approved for the following reasons:

\_\_\_\_\_  
Signature of Provost/Vice President for Academic Affairs

\_\_\_\_\_  
Date

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### Approval #3

- sabbatical plan meets the purpose and criteria for a sabbatical leave (unconditional approval)
- Sabbatical plan is approved with the following conditions:
- Sabbatical plan is not approved for the following reasons:

\_\_\_\_\_  
Signature of Sabbatical Review Committee Chair

\_\_\_\_\_  
Date

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### Approval #4

- Sabbatical plan meets the purpose and criteria for a sabbatical leave (unconditional approval)
- Sabbatical plan is approved with the following conditions:
- Sabbatical plan is not approved for the following reasons:

\_\_\_\_\_  
Signature of University President

\_\_\_\_\_  
Date