

**SABBATICAL LEAVE FORM  
PART-A APPLICATION**

**Salisbury University**

**PERSONAL INFORMATION**

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

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

***APPLICANT'S LEAVE INFORMATION***

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

If no, attach Sabbatical Leave Form-Part B Final Report from most recent sabbatical.

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**

Using the Sabbatical Leave Guidelines, please address each of the following:

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**

**[ ] Not Recommended**

Date \_\_\_\_\_

☐ **Not Recommended**

Date \_\_\_\_\_

Date \_\_\_\_\_

**[ ] Not Recommended**

Date \_\_\_\_\_

☐ **Disapprove**

Date \_\_\_\_\_