

**SABBATICAL PLAN**

**Name**: Click or tap here to enter text.

**Department**: Click or tap here to enter text.

**Rank**: Click or tap here to enter text.

**Date of Last Sabbatical**: Click or tap here to enter text.

**Requested Dates for Sabbatical:** Click or tap here to enter text.

**I have attached the Leave of Absence Form, and Sabbatical Application Signature Form to this Document**.

**DESCRIPTION OF SABBATICAL**: Please provide a 25 – 50 word synopsis of the proposed sabbatical project:

Click or tap here to enter text.

**PROJECTED ACTIVITIES AND OUTCOMES**: Please summarize the planned activities and projected outcomes of these activities.

Click or tap here to enter text.

**PROJECTED PROFESSIONAL GROWTH**: Please describe how this sabbatical will contribute to making progress on your Professional Strategic Plan?

Click or tap here to enter text.

**TIMETABLE:** Please provide a timetable for completing the various activities described above.

Click or tap here to enter text.

**LOCATION OF ACTIVITIES**: Please describe where the various activities will take place.

Click or tap here to enter text.

**COLLABORATORS:** Please list any other people or organizations that will be involved in your sabbatical project.

Click or tap here to enter text.

**FORESEEABLE CONTINGENCIES:**

Click or tap here to enter text.

**BUDGET AND SOURCES OF FUNDING**: Please describe any resources required to complete your sabbatical, and how you will obtain the funding required to obtain these resources.

Click or tap here to enter text.