



CAL Application for Sabbatical Leave

Name and title of applicant:

Department:

Campus box:

Phone number:

Date of original hire/years of service to ISU (if not continuous, please explain):

Period of proposed leave (month/year to month/year):

Compensation while on sabbatical leave shall be (choose one):

for one semester (full salary).

for two semesters (half salary).

Is this sabbatical leave dependent on acquiring external funding?

No.

Yes.

If "Yes" above, please answer the following:

- Projected amount and source of external funding to support this sabbatical leave (if any):
- Contingency plan in the event that anticipated external funding is not received:

Summary of aims and objectives for the proposed leave (use space below, 200-word limit):

I accept and will conform to all institutional provisions and policies concerning sabbatical leaves and agree to notify the Dean and the Provost and Vice President for Academic Affairs of any proposed deviations from them.

Signature*: _____ Date: _____

* Please insert digital signature, or sign and then scan this application for electronic submission.