## **Request for Sabbatical Leave**

NAME:	TITLE/RANK:
DEPARTMENT:	PROPOSED DATES OF LEAVE:
CURRENT SALARY:	DATE OF LAST SABBATICAL LEAVE:
DATE OF APPOINTMENT AT CSU:	ON CAMPUS OFF CAMPUS COMBINATION
Attach to this Cover Sheet:  1) Specific Arrangements for Covering Assignments	
Manual for a complete overview of the sabbatical lea) will result in your professional growth, b) will enexperience at our institution, and c) will increase you a detailed description of specific goals to be achieved letter of support from your Department Chair, the Manual Leave, and any applicable supporting documents.	n F.3.4. of the <u>Academic Faculty and Administrative Professional</u> eave policies. Your request must specify how your sabbatical activity: hance Colorado State's reputation and the students' educational our overall level of knowledge in your area of expertise. Please include ed while on sabbatical. Attach a copy of your current curriculum vitae, MOU between the Board of Governors and yourself regarding cuments such as invitation letters from host institutions or letters of 's Office on October 1 of the year preceding the fiscal year in which
and Executive Vice President for review and submission the sabbatical leave. In addition to the report, plederived for submission to the Board of Governors. It denial of all subsequent sabbatical requests, per CC	
-	mperative to have these changes approved. Sufficient detail regarding ed to allow appropriate evaluation prior to proposed effective date.
APPROVED:	
Department Chair	Provost and Executive Vice President
Dean	President
Director (if applicable)	

revised October 2014