

# Request for Sabbatical Leave

<b>NAME:</b>	<b>TITLE/RANK:</b>
<b>DEPARTMENT:</b>	<b>PROPOSED DATES OF LEAVE:</b>
<b>CURRENT SALARY:</b>	<b>DATE OF LAST SABBATICAL LEAVE:</b>
<b>DATE OF APPOINTMENT AT CSU:</b>	____ On Campus ____ Off Campus ____ Both

**Attach to this Cover Sheet:**

**1) Specific Arrangements for Covering Assignments During Absence.**

**2) Detailed Sabbatical Plan:** Please refer to Section F.3.4. of the Academic Faculty and Administrative Professional Manual for a complete overview of the sabbatical leave policies. Your request must specify how your sabbatical activity: a) will result in your professional growth, b) will enhance Colorado State's reputation and the students' educational experience at our institution, and c) will increase your overall level of knowledge in your area of expertise. Please include a detailed description of specific goals to be achieved while on sabbatical. Attach a copy of your current curriculum vitae, letter of support from your Department Chair, and any applicable supporting documents such as invitation letters from host institutions or letters of financial support. This request is due in the Provost's Office on October 1 of the year preceding the fiscal year in which leave is being requested.

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**Final Report:** A **final report** must be submitted to the Department Chair who will forward it to the Dean and the Provost and Executive Vice President for review and submission to the Board of Governors within three months of the completion of the sabbatical leave. In addition to the report, please include a **two-paragraph summary** of your activities and benefits derived for submission to the Board of Governors. The Board of Governors authorizes sabbaticals and it is essential that they get a description, in lay terms, about the activities of your sabbatical and how both you and CSU benefited. Failure to meet the goals stated in the sabbatical plan will result in denial of all subsequent sabbatical requests, per CCHE policy. If planned activities are modified or canceled, it is imperative to have these changes approved. Sufficient detail regarding planned sabbatical activity changes must be provided to allow appropriate evaluation prior to proposed effective date.

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**APPROVED:**

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Department Chair

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Provost and Executive Vice President

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Dean

\_\_\_\_\_  
President

\_\_\_\_\_  
Director (if applicable)