## **Memorandum of Understanding**

## **Between The Board of Governors and Member of the Faculty Regarding Sabbatical Leave**

I, \_\_\_\_\_\_\_, in accepting sabbatical leave from my position as a member of the faculty of Colorado State University for the period beginning \_\_\_\_\_\_\_ and ending \_\_\_\_\_\_, inclusive, on \_\_\_\_\_\_ (*half or full*) salary agree to conform to the conditions for sabbatical leaves as outlined in "Section F; Leave Policies" of the <u>Academic Faculty and Administrative Professional Manual</u>. As required in the cited section, upon expiration of my authorized sabbatical leave, I will return to the employ of Colorado State University for at least one \_\_\_\_\_\_ (*academic or calendar*) year:

I understand that if I fail to comply with this requirement, I will refund to the Treasurer of Colorado State University all salary paid to me by the University plus the cost of all other fringe benefits paid on my behalf during the period of my leave. In the event of request for release from my agreement to return, I will accompany my request with a check, draft or money order for full reimbursement to the institution for its expenditures as indicated above.

	day of		( <i>state</i> ) this
		(faculty st	ignature)
Witness:		Date:	
Provost:			

revised August 2022