**SABBATICAL FORM OF INTENT**

(To be completed by the Sabbatical Candidate.)

Return to Sabbatical Committee with completed Sabbatical Proposal by **October 15**.

NAME:

DEPARTMENT:

1. Do you wish to accept a sabbatical next year? ☐ YES ☐ NO

2. If "YES," please indicate your choice of sabbatical:

   a. One half year with full pay ☐

   b. One full year with half pay ☐

3. Sabbatical will begin and end

4. Give your exact salary for the current year:

_____

Signature of Faculty Member