A black background with red text

AI-generated content may be incorrect.

**SABBATICAL FORM OF INTENT**

*(To be completed by the Sabbatical Candidate)*

|  |  |
| --- | --- |
| **Faculty Name:** | *Enter text here* |
| **Department:** | *Enter text here* |

1. Do you wish to accept a sabbatical next year? YES  NO
2. If YES, please indicate your choice of sabbatical:
   * One half year with full pay
   * One full year with full pay
3. Sabbatical Dates:
   * Begin date: *Enter Date*
   * End date: *Enter Date*

|  |  |
| --- | --- |
| **Faculty Member Signature:** | *Enter signature here* |
| **Date:** | *Enter Date* |

**Return to this form with the completed Sabbatical Proposal to the**

**Sabbatical Committee by October 15th.**