

**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.**