

2026-2027 SABBATICAL LEAVE APPLICATION

											Date			
Prefix Your name as you prefer it to appear in print Suffix														
Indicate the bargaining unit contract which governs your sabbatical options:														
		5, Section C of the MSUAASF					Consult Article 19, Section C of the							
		ent for details about eligibility, ASF					-			=	nent for details about eligibility, as, follow-up expectations, and pay.			
stipulations, follow-up expectations, and pay.									stipui	ations, follow-up ex	фест	ations, a	na pay.	
Rank / Title						Academic Program / Sport / Service Dept								
College						Academic School								
or Unit						(if applicable)								
Employment Start Date							Dates of Last Sabbatical							
3	lari Dale	Longth of S	abba	tic	al Pogues				ion ha	olow)				
Length of Sabbatical Request (indicate one option below) Full Base Salary Less Than Full Base Salary														
		Fall Semester					Academic Year					,		
Academic	Calendar	(08/18/26 - 12/18/26)					2026-2027			11/27)	Academic Calendar			
Acad	Cale	Spring Semester (01/05/27 - 05/11/27)						endar Y	ear	(01/05/27 - 05/	-	•	emic ndar	
		2027					202			• • • •	7/27 - 12/17/27)			
Specify		Applicable Only to ASF Members				Applicable Only to ASF Members						Specify		
Dates		4-Month Period :				4-12 Month Period :						Dates		
		a written description which addresses the fo				ollowing questions about your sabbatical proposal.								
Not to exceed 600 words.														
Title	tle of Project													
1	How will the	ow will the sabbatical assist you with meeting your Professional Development Plan?												
2	How will the	sabbatical contribute to your program, your unit/department, and the University?												
3	What metho	hod will you use in reporting your activities when your sabbatical is complete? (Article(s), Book(s), Presentation(s), etc.)											:.)	
By signing this form the applicant agrees to:														
1	Return to the	e universtiy for the contractuall	y requ	irec	d length of se	ervice at	the c	onclusior	of the	sabbatical.				
2	Submit a written report of the results of their sabbatical to their immediate supervisor and division leader.													
Applicant Signature											Date			
											ă			
Aca	demic Chair	Recommended	eq								ţe.			
(if applicable)		Not Recommended	Signed								Date			
Su	pervisor /	Recommended	ped								te			
	Dean	Not Recommended	Signed								Date			
Division Leader / Vice President		Recommended	pau								te			
		Not Recommended	Signed								Date			
President		Approved	Signed								Date			
		Denied	Sigı								Da			