

Department Chair(s)**

Name of Applicant: _____

The Sabbatical Leave Committee relies upon your input in evaluating sabbatical leave proposals. If you, the applicant, are also the Department Chair you may elect to write a letter on your own behalf. Please make specific comments regarding this proposal that would be helpful to the committee.

Name of Department _____

Name of Department Chair _____

1. Comments: (Include comments on how the proposal addresses the department's planning goals.)

2. Plan for replacement (generally hourly, unless there are extenuating circumstances).

3. The plan for replacement has been jointly approved by the Department Chair(s) and Dean(s). (mark with "X") Yes _____ No _____

4. Can department continuity and class continuity be assured under this plan? (mark with "X") Yes _____ No _____

DEPARTMENT CHAIR SIGNATURE DATE

** If the applicant teaches in more than one department, the approvals of the appropriate Department Chairs and Deans are required.