

Department Chair(s)**

Name of Applicant: _____ Department: _____

The Sabbatical Leave Committee relies upon your input in evaluating sabbatical leave proposals. If you are 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. The "Sabbatical Leave Proposal Evaluation Form" in the handbook on page 13 might be helpful.

DEPARTMENT (Please print) _____

DEPARTMENT CHAIR (Please print) _____

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).

The plan for replacement has been jointly approved by the Department Chair(s) and Dean(s).

Yes _____ No _____

3. Can department continuity and class continuity be assured under this plan?

DEPARTMENT CHAIR SIGNATURE DATE

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