

LEAVE REQUEST FORM

Faculty Member's Name _____

Department _____

Requests: One semester leave in _____ or two semester leave in _____

Years of full-time service at Nazareth College (including 2014-2015) _____

Present Rank _____ Year of appointment to present rank _____

Previous grants or paid leaves: _____

Reason for Leave: Sabbatical	Family/Maternity	Unpaid	Other
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Sabbatical:

Topic of proposed sabbatical leave project - Please attach a brief description of your proposed activities, including the expected outcome(s) of your proposed project or projects

During your sabbatical leave will you be traveling outside of the United States, and if so, for how long? _____

(Date) (Country)

To be completed by Department Chairperson.

Department Chairperson's recommendation: _____

If recommended, please describe your plan for covering classes and provide estimated replacement costs: _____

Additional comments: _____

Signature of Department Chairperson _____

Dean's Comments: _____

Signature of Dean _____