



**REVIEW OF SABBATICAL LEAVE REPORT**  
(to be filled out by department)

Faculty Member Name: \_\_\_\_\_

Department/Division/School: \_\_\_\_\_

College: \_\_\_\_\_

Semester(s) or Dates of Sabbatical Leave: \_\_\_\_\_

Title of Sabbatical Project: \_\_\_\_\_

Determination of the departmental personnel committee on the adequacy of the final report of sabbatical leave:

\_\_\_\_\_ Adequate documentation on the work outlined in sabbatical proposal or its equivalent.

\_\_\_\_\_ Inadequate documentation on the work outlined in sabbatical proposal or its equivalent.

\_\_\_\_\_ No report submitted.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department/Division/School Chair or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Committee Chair

\_\_\_\_\_  
Date

- c: Faculty/SPS
- Department/Division/School
- Dean
- Office of the Provost