

## AA-180.A, Faculty Sabbatical Leave Notification of Intent Form

Faculty Member:			
School:			
Years at UIU or since prior sabbatical:			
Applying for: (Check the appropriate box)	Fall	Spring	Fall and Spring
Of academic year:			

1. Declaration of intent to take a sabbatical leave – please outline goals to be accomplished and over what time frame. If this is to be an early sabbatical (prior to the accrual of 6 years at UIU), please include why this is a unique opportunity worthy of such a request:

2. What arrangements will be made to cover your courses while on sabbatical? If taking a half-year sabbatical, please describe any limited participation in departmental or university responsibilities, including serving as an academic advisor you wish to retain.

3. What other financial impacts to the univers include as much detail as is currently availa	•	onsideration? Please
Please note that this form requires signatures fi prior to submission to the Vice President for A to the VPASA by April 1 or the next business of The VPASA has until April 30 or the next business of VPASA indicates authorization to complete the indicates the plan is financially viable.	from the applicant's Department cademic and Student Affairs (V day in the <i>calendar year</i> prior to iness day to sign off on the form	PASA). The form is due to the sabbatical request.  n. A sign-off by the
Recommended by: (insert name)	Signature:	Date:
Department Chair:		
School Dean:		
Vice President for Academic and Student Affairs:		