

**ACADEMIC LEAVE OF ABSENCE/SABBATICAL
DEPARTMENT CHAIR'S RECOMMENDATION**

| Name (Last, First, MI) | School, Department | Academic Year of LOA/SAB |
|------------------------|--------------------|--------------------------|
|------------------------|--------------------|--------------------------|

- I. In providing your recommendation, we ask that you expressly consider: (1) an assessment of the applicant's accomplishments to date, including publications, work in progress, and merit ratings profile; (2) how the proposal supports the candidate's development as an academic scholar; (3) how the proposal supports the department's strategic development; (4) how this sabbatical fits within and impacts your department's overall sabbatical and leave planning; and (5) how staffing needs and requirements will be managed in the candidate's absence (Please see Part II below).

II. Management Plan to Staff Candidate's Courses/Duties. It is generally understood that in order to make leave with compensation possible, plans for covering courses and service assignments will be made, and that the teaching load of the faculty member on leave will be shared by other department members without added expense to the University. Please confirm this plan below.

| Yr-Sem | Course Title | Course Number | Est. Enroll | Arrangement for Coverage |
|--------|--------------|---------------|-------------|--------------------------|
|--------|--------------|---------------|-------------|--------------------------|

| Other Duties | Arrangement for Coverage |
|--------------|--------------------------|
|--------------|--------------------------|

If due to unusual circumstances the arrangements for coverage involve added expense to the University (e.g., replacement faculty or overload payment), please indicate the anticipated cost and provide justification.

Department Chair

Date