

**SABBATICAL APPLICATION COVER SHEET
FOR ADMINISTRATIVE TRACKING PURPOSES**

Date: _____

Faculty Member's Name: _____

Department & College: _____

Semester/Year for which sabbatical leave is sought: _____

Semester/Year of last NMU sabbatical leave: _____

Sabbatical Plan Summary: What activities/work will be undertaken? Please note space is limited to 1,100 characters.

What are the expected outcomes? Check all that apply:

_____ Paper(s) submitted for publication

_____ Book(s)

_____ Conference presentation

_____ New revised course

_____ Submitted grant application

_____ Artistic work

_____ Other (describe)

ACCEPTABLE SABBATICAL TYPE

_____ One Semester

_____ Two Semesters

PROCESS STEPS

Due Date	Action per AAUP Master Agreement	Audience for Action*					
		Applicant	Department Head or Chair	CAC	Dean	FRC	PVPAA
September 15	Applications due to Department Head	NA	<input type="checkbox"/>	NA	NA	NA	NA
September 29	Departmental judgments and rankings to CAC and Dean from Department Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
October 6	Appeals of department decisions must be received by CAC from the Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
October 21	CAC and Dean judgments and rankings to FRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
October 28	Appeals of CAC and Dean decisions must be received by FRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
November 11	FRC judgments and rankings to PVPAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior to November 18	Faculty member can appeal to PVPAA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>
November 18	Announcement of sabbaticals by PVAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November 29	Final adjustment date for accommodated sabbaticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please send a copy to the designated person or committee and mark when completed.

_____ I agree to return to the University for one (1) full academic year immediately following my sabbatical leave.

_____ I agree to provide the Department Head, Dean, and PVPAA a complete report (in writing) on the status of my accomplishments during the leave, within one (1) semester after returning.