

FORM J PROPOSAL for APPROVED ACADEMIC SABBATICAL ASSIGNMENT

Name: Department: Date:		Preferred Sabbatical Assignment (1=first choice, 2=second choice, 3=third choice) ☐ Fall (100% Salary)			
			Date of last sabbatical:		☐ Spring (100% Salary)
			Year of initial employment:		☐ Year (50% Salary
Date of LWOS:		Please number in order of preference.			
I.	General Purpose of the Academic Sabbatical Assignment				
	(Please check the most appropriate)				
	☐ Research/Creative Activity	\square Updating of Professional Knowledge			
	☐ Acquiring New Professional Knowledge	ge ☐ Enhancement of Teaching Performance			
	Please attach 1-2 paragraph responses for each of the following headings. The questions provided are intended <i>solely</i> to clarify the information desired for that heading; not all questions will be appropriate for all proposed sabbatical activities.				
II.	Specific Purpose What specific activity or project will be undertaken? What is the expected outcome of the sabbatical assignment?				
	rationale or justification is there for pursu	cosed activity or project of interest to you and to others? What uing the proposed activity or project? s, activities, or procedures need to be accomplished to achieve the			
	desired outcome? What is the timeline for	or completing the proposed activity or project?			
V.	Anticipated Benefits How will your students, the University, and/or the scholarly or professional community benefit from the proposed activity or project? How will the results or accomplishments of the sabbatical assignment be disseminated? How does the proposed activity or project contribute to the mission of the University?				
Recomr	mended:	Replacement Plan:			
\square Yes	□ No				
If yes, ir	ndicate term approved:				
Date of Recommendation:		Signature of Chair:			
Date of Recommendation:		Signature of Dean:			
Please r file.	note that the completed application will b	e placed in the employee's personnel			
Office o	of VPAA (8/2021)				
Eastern	Illinois University				