**Dean’s Confirmation of Notice and Impact Statement FORM**

SABBATICAL LEAVE APPLICATION

Sabbatical Leave Applicant

Academic Department

Academic College

Academic Dean

**Requested duration of Sabbatical Leave**:

\_\_\_\_\_\_ First Semester: September 20 -- December 20

\_\_\_\_\_\_ Second Semester: January 20 -- June 20

\_\_\_\_\_\_ Full Academic Year: September 20 -- June 20

\_\_\_\_\_\_ Chronological Year: January 20 -- December 20

**Top of Form**

**Impact of requested sabbatical leave (check appropriate box):**

Bottom of Form

 The College is aware of the application for sabbatical leave and is prepared to accommodate the requested leave.

Top of Form

 The College is aware of the application for sabbatical leave and believes the requested leave as proposed will have a negative impact on a program, department, and/or the college. If checked, please explain how the negative impact can be lessened or eliminated (e.g., changing the requested dates of sabbatical from full academic year to chronological year).

Bottom of Form

Dean (or Designee) Signature Date