Name:	
1.	Sabbatical Leave Request
	Statement from the faculty member describing the purposes, objectives and scholarly and research activities of the leave, including dates, proposed benefit to the faculty member, and from this perspective, the benefit to the department/school, college and University. Attach additional pages or a copy of the request as needed.
2,	Special supplemental income arrangements during leave (write "none" if there are none).
	Faculty signature Date
	racuny signature Date

Michigan State University

SABBATICAL LEAVE INFORMATION

ime:	
	Statement by chairperson/director and/or dean to demonstrate how the sabbatical leave is to benefit the department/school, college and University
	Statement by chairperson/director and/or dean to indicate how the faculty member's usual teaching, research, outreach and other duties will be covered during the period of the approved sabbatical leave.
	Full year leaves at half pay are to be given precedence over shorter sabbaticals at full pay. If the request is for the latter, the chairperson/director
	and/or dean should explain why a full pay short-term leave should be approved.
	Sabbatical leaves taken elsewhere than in East Lansing and on campus may have greater benefit to the individual department/school, college and University. If the request is for a leave with a local assignment, the chairperson/director and/or dean should explain the benefit resulting from approval of such a leave.
	Chairperson/Director signature Date Dean signature Date