

PRESIDENT'S SABBATICAL DECISION

The sabbatical applicant shall be notified of the President's decision by **December 31** of the year the application is submitted. This completed form shall be delivered to the applicant within 30 days of the notification.

Date (mm/dd/yyyy)	Last Name	First Name	Middle Initial
-------------------	-----------	------------	----------------

The applicant's sabbatical leave application is hereby:

- Approved** without any modifications.
- Approved** subject to the modifications listed below.
- Denied** for the reasons listed below.

President's Signature	Date
-----------------------	------