



SACRAMENTO  
STATE

## Department Statement

Faculty Member: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Requested term of leave:      Fall \_\_\_\_\_      Spring \_\_\_\_\_      AY/ or Two-semester \_\_\_\_\_

A department statement is a statement from the department chair as to the possible effects on the curriculum and the operation of the department should the faculty member be granted a sabbatical leave. It is not a letter of support. If the department chair is an applicant for a sabbatical leave, the statement shall be prepared by an Associate Dean of the college in consultation with members of the department according to section 4.2.1 of the [Sabbatical Leave Policy](#).

1. What are the possible effects on the curriculum and operation of the department should the faculty member be granted a sabbatical leave?
2. How will the department address the effects on the curriculum and operation of the department should the faculty member be granted a sabbatical leave?
3. Is there any other information you would like to provide?

\_\_\_\_\_  
Department Chair/Associate Dean (Please Print)

\_\_\_\_\_  
Date