

2. What goals were partially achieved or not at all?

3. Taking your activities and accomplishments as a whole, what percentage do they represent of the initially stated goals you planned to achieve? Please explain.

4. What circumstances may have prevented you from realizing all of your stated goals?

5. Who and/or what are the beneficiaries of your sabbatical efforts?

By signing below, I certify the information provided in this report to be true.

Employee Signature: _____ Date: _____

► **Forward completed report and original sabbatical proposal (if on sabbatical prior to fall 2013) to the Office of Faculty Affairs (OFA), facultyaffairs@csus.edu or via campus mail to zip 6136. Proposals submitted from fall 2013 to the present are already on file with OFA and will be made available to all levels of review. Proposals submitted prior to 2013 must be included with this report form upon submission. OFA will then forward reports to the Sabbatical Leave Committee for an initial review and recommendation, then to the Provost for final review and decision.**

SABBATICAL LEAVE COMMITTEE (SLC) REVIEW AND RECOMMENDATION:

The SLC has reviewed this report and determined that it is:

- A. Satisfactory and Timely
- B. Incomplete and Timely
- C. Unsatisfactory and Timely
- D. Satisfactory and Untimely
- E. Incomplete and Untimely
- F. Unsatisfactory and Untimely

Explanation of recommendation and steps/timeline required to complete report or bring to a satisfactory rating (if applicable):

SLC Chair printed name: _____

SLC Chair Signature: _____

Date: _____

PROVOST REVIEW AND FINAL DECISION (as President's Designee):

The report and the recommendation of the SLC have been reviewed. It has been determined that the report is:

- A. Satisfactory and Timely
- B. Incomplete and Timely
- C. Unsatisfactory and Timely
- D. Satisfactory and Untimely
- E. Incomplete and Untimely
- F. Unsatisfactory and Untimely

Explanation of decision/or steps and timeline required to complete report or bring to a satisfactory rating (if applicable):

Provost and Vice President for
Academic Affairs

Signature

Date

FOR OFA USE ONLY:

Report Due: _____

Report Received by OFA: _____