

SABBATICAL LEAVE REPORT

Faculty who take a Sabbatical leave are required to submit a leave report within one semester of their return (excluding summers). Late reports shall adversely subsequent Sabbatical leave applications, and failure to provide an acceptable report could result in the denial of subsequent Sabbatical leaves. Please keep a copy of your final report for your next leave application. For questions, please contact the Office of Faculty Affairs at 916-278-2913 or faculty affairs@csus.edu.

SABBATICAL LEAVE POLICY: https://sacramentostate.policystat.com/policy/11444180/latest/

Add additional page(s) if necessary. Please do not include entire articles, papers, or other documents with this report

Name:		F	EMPLID:			
College:		I	Department:			
Period of Leave:	Semester: Fall 20 S	Spring 20	Academic `	Year: 20	/20	Other:
* Did you take on any additional employment while on sabbatical leave? Yes No (If you marked yes, please attach your approved Additional Employment Form to this report.)						
* During the period of the leave, did your sabbatical involve the substantive alteration of your original goals/objectives? Yes No						
(If you marked yes, please summarize the alteration of your original goals/objectives in addition to describing specific goals accomplished in question 1 below.)						

1. Summarizing your sabbatical goals/objectives (include abstract if part of your original proposal; otherwise, summarize in 150 words or fewer), what specific goals were accomplished during your leave? If submitting a late report, describe your sabbatical goals accomplished to date, indicating which are post-sabbatical accomplishments. Please include a full citation to any published product(s) or other dissemination resulting from your leave and/or URL to additional information as applicable.

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	What goals were partially achieved or not at all?	
3.	Taking your activities and accomplishments as a whole, what percentage goals you planned to achieve? Please explain.	do they represent of the initially stated

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4. What circumstances may	have prevented you from realizing all of your sta	ited goals?
		<i>6</i>
5. Who and/or what are the b	peneficiaries of your sabbatical efforts?	
By signing below, I certify the	e information provided in this report to be true.	
Employee Signature:		Date:
	and original sabbatical proposal (if on sabbatio	
	<u>vaffairs@csus.edu</u> or via campus mail to zip 613 with OFA and will be made available to all leve	
2013 must be included with this	s report form upon submission. OFA will then for and recommendation, then to the Provost for fi	orward reports to the Sabbatical Leave

SABBATICAL LEAVE COMMITTE	E (SLC) REVIEW AND RE	COMMENDATION:
The SLC has reviewed this report and determ A. Satisfactory and Timely B. Incomplete and Timely C. Unsatisfactory and Timely D. Satisfactory and Untimely E. Incomplete and Untimely F. Unsatisfactory and Untimely	ined that it is:	
Explanation of recommendation and steps/time	neline required to complete repor	t or bring to a satisfactory rating (if applicable):
SLC Chair printed name:		
SLC Chair Signature:		Date:
PROVOST REVIEW AND FINAL DE	CISION (as President's Design	nee):
The report and the recommendation of the SI A. Satisfactory and Timely B. Incomplete and Timely C. Unsatisfactory and Timely D. Satisfactory and Untimely E. Incomplete and Untimely F. Unsatisfactory and Untimely	C have been reviewed. It has be	een determined that the report is:
Explanation of decision/or steps and timeline	required to complete report or b	ring 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:	

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Department: