

ACADEMIC LEAVE OF ABSENCE/SABBATICAL
DEPARTMENT CHAIR'S EVALUATION FORM

Name (Last, First, MI)	School, Department	Academic Year of LOA/SAB
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Chair's Evaluation of Proposal and How It Supports the Department's Needs

Preliminary Recommendation to Staff Candidate's Courses/Duties

NOTE* It is understood that, except under unusual circumstances, in order to make leave with compensation possible, the teaching load of the faculty member on leave is shared by other department members without added expense to the University.

Yr-Sem	Course Title	Course Number	Est. Enroll	Arrangement for Coverage
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Other Duties	Arrangement for Coverage
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If due to unusual circumstances the arrangements for coverage involve added expense to the University (e.g., replacement faculty or overload payment), please indicate the anticipated cost and provide justification.

Department Chair	Date
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