



**SABBATICAL APPROVAL FORM  
FACULTY RESEARCH LEAVE (SABBATICAL) PROGRAM**

Name/Department/Institution: \_\_\_\_\_

The faculty member above has applied to the Faculty Research Leave (Sabbatical) Program at Argonne National Laboratory. Please complete the items below and return with the application.

Please inform us of the following:

- Has this sabbatical been approved?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If yes, what are the prospective dates of this sabbatical leave? \_\_\_\_\_
- Academic year dates at your institution: \_\_\_\_\_
- Current academic year salary: \_\_\_\_\_
- Fringe benefits: \_\_\_\_\_
- Amount (or %) of salary paid by the institution during sabbatical: \_\_\_\_\_
- Amount (or %) of fringe benefits paid by the institution during sabbatical: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Please Print) First Name    Last Name    MI

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address



