Proposal Cover Page
UW-Madison 2014–2015 Faculty Sabbatical Program

1. Applicant Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/College:</td>
<td>Department:</td>
</tr>
<tr>
<td>Campus Address:</td>
<td>E-mail Address:</td>
</tr>
<tr>
<td>Campus Phone Number:</td>
<td>Year of Last Sabbatical:</td>
</tr>
<tr>
<td>Years of UW Faculty Service:</td>
<td></td>
</tr>
</tbody>
</table>

2. Leave of Absence

List any leaves of absence (off UW payroll) in previous 6 years:

3. Supplementary Funding

List any supplementary funding (awards, grants) during time period of proposed sabbatical leave:

4. Brief Abstract of Proposal

Paragraph/abstract of proposal (MUST BE 50 WORDS OR LESS). Description should be easily understandable to reviewers who may not be in the applicant’s field and may be used for reporting about the project. Please specify the positive effects on the instruction/curricular part of the applicant's work.

5. Sabbatical Information

Check time period of leave request: □ Fall 2014; □ Spring 2015; or □ Acad. Yr. 2014-15

Indicate percentage of sabbatical leave being requested _____ % per academic year _____ % one semester
Salary will be calculated on C basis (9 months)
Sabbatical must occur within the same academic year (August 25, 2014 - May 24, 2015)

I have read the conditions of the sabbatical program including the requirement to return to usual faculty instructional duties at UW-Madison for at least one full academic year after the end of an approved sabbatical.

6. Applicant’s Signature _____________________________ Date: ______________

7. To be completed by the Chair/Director/Dean:

(Indicate how department will cover the duties of faculty member while on leave.)

Colleague coverage _____ Hire replacement _____ Defer course _____ Other: ____________________________

Current salary ______________ Time period and percent of sabbatical approved __________________________

8. Chair/Dir. Signature _____________________________ Date ______________

9. Dean/Dir. Signature _____________________________ Date ______________