



Sabbatical Funding Form

Instructions: (1) Complete all sections of form, with Finance Manager. (2) Finance Manager signs form. (3) Submit form to HR Manager.

Employee Information:

Name: _____

Employee ID: _____

Term of sabbatical requested: _____

Sabbatical approval letter shared with HR Manager

Option 1: 100% One Semester Sabbatical

Approval: _____

(Nancy Tway, signature)

Speedtype: Department

Percentage: 100%

Option 2: 50% Academic Year Sabbatical

Approval: _____

(Nancy Tway, signature)

Speedtype: Department

Percentage: 50%

Option 3: 70% Academic Year Sabbatical

Approval: _____

(Nancy Tway, signature)

Speedtype: Department

Percentage: 50%

Speedtype: Dean's Supplement

Percentage: 20%

Option 4: 100% Academic Year Sabbatical

Approval: _____

(Nancy Tway, signature)

Speedtype: Department

Percentage: 50%

Speedtype: Dean's Supplement

Percentage: 20%

Speedtype: _____

Percentage: _____

Speedtype: _____

Percentage: _____

Speedtype: _____

Percentage: _____

Speedtype: _____

Percentage: _____

} Faculty Member Funding
Total maximum is 30%

Print Name: _____

Signature: _____

For MCEN Use Only:

ePAR _____ Date _____

ePAR _____ Date _____

Appointment Entered in HCM: _____ (Sign)