Conditions of Agreement
Faculty Sabbatical Leave

TO: Vice President for Academic Affairs and the University President

FROM: (Name) _____

(Department) _____

I have requested sabbatical leave for the period of (Month/Day/Year) _____

to _____ with salary at _____ percent of my salary scheduled for the

leave period.

I (the undersigned) understand and agree to the following conditions of sabbatical leave:

1. I may not engage in alternative, paid employment during my sabbatical leave.
2. I must return to Minot State University for full-time duties during the first academic semester after cessation of the sabbatical. I will return to my faculty position at Minot State University for at least one full academic year. If I do not return to the university for this period of time, I will refund to the university the amount of stipend paid to me while on leave.
3. I understand and accept SBHE policy that stipends for sabbatical leave may be supplemented with non-appropriated funds that enhances the total stipend to an amount equal to, but normally not to exceed the budgeted salary for the leave period, and that funds providing for extensive travel expenses, relocation expenses, and/or educational costs incurred during the leave shall not be considered as part of the base stipend.
4. I may not request an extension of the sabbatical once it is underway.
5. I must immediately inform the Vice President for Academic Affairs in writing of any significant change in circumstances that occur during the leave that will jeopardize the attainment of sabbatical goals.
6. During the academic year following the completion of the sabbatical, I will share the results of my sabbatical leave in a public forum for the university community.
7. Within two months after cessation of the sabbatical, I must submit a written Final Report to my Dean and to the Vice President for Academic Affairs that outlines my accomplishments during the leave (Note: the Final Report will be placed in the faculty member's personnel file).

_____

Applicant Signature and Date

_____

Name of Applicant (typed)