

IMPACT STATEMENT FOR SABBATICAL LEAVE

The purpose of this form is to provide an accurate estimate of how the requested sabbatical will impact on the department, how the department plans to adjust for this leave, and how much replacement cost is involved:

Department

Name of Faculty Member

Period of Leave

- I. Normal work assignment for term of Sabbatical Leave (use last year's assignment load if this has not been determined yet.)

A. Teaching Load

<u>Prefix</u>	<u>Course Number</u>	<u>Hours Credit</u>	<u>How Department Will Handle</u>	<u>Cost</u>

B. Other Work Load (advising, committees, administration, etc.)

<u>Assignment</u>	<u>How Department Will Handle</u>	<u>Cost</u>

II Computation of Replacement Cost

- A. Cost of replacement (use the most recent salary information sheet for part-time salaries; include travel if it will be necessary.)

1. _____ One full time replacement
2. _____ Part-time replacement positions
3. Total Amount for part-time _____
(Explain calculation for travel.)
4. Other (Explain.) _____

- B. If total replacement cost of \$0 is the result, please explain.

Chair Signature_____.

Date of Estimate_____.