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

Prefix	Course Number	Hours Credit	How Department Will Handle	Cost

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

Assignment	How Department Will Handle	Cost

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_____.