## University of Wisconsin - Milwaukee Faculty Sabbatical Program

## **Proposal Cover Page**

Name		Title		
Department(s)				
Years of UWM Faculty Service				
List any leaves of absence (off UV	/M payroll) in previous 4 ye	ars		
List any previous sabbatical leave	s			
List any potential supplementary	funding (awards, grants, fel	lowships) to be used du	ıring the sabbatical lea	ave:
Paragraph of proposal (50 words applicant's field and may be used instruction/curricular part of the	for reporting about the pro			•
Time period of leave request:  Level of UWM Support being requ		Fall Semeste		
(65% max for academic year proposal; 100 time academic year salary.)	0% max for semester proposals. To	tal compensation from UWN	l and other sources cannot	exceed your full-
I have read and agree to abide by faculty instructional duties at Unisabbatical.			•	
Applicant's signature	nt's signature Date			
To be completed by the Chair/De Indicate how department will cov		nber while on leave:		
Colleague coverage	Hire replacement	Defer course	Other:	
Chair Signature	 Dean Si	gnature		