

**APPENDIX H  
SABBATICAL REPLACEMENT COSTS**

Date: \_\_\_\_\_

Faculty Member's Name: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

For each sabbatical request forwarded to the CAC, the Department shall indicate to the Dean the staffing necessary to replace the applicant were the request granted (including acceptable alternative types). The replacement must be expressed as full-time equated teaching faculty (FTETF). The Department shall also indicate the anticipated *total compensation* for the replacement. Replacement options must be selected from among the following:

			<u>FTETF</u>
<input type="checkbox"/>	No replacement necessary.		
<input type="checkbox"/>	Adjunct	\$ _____	_____
<input type="checkbox"/>	Faculty Overload (see 8.1.7.3)	\$ _____	_____
<input type="checkbox"/>	Full-Time Instructor (term)	\$ _____	_____
<input type="checkbox"/>	Full-Time Assistant Professor (term)	\$ _____	_____
<input type="checkbox"/>	Visiting Professor	\$ _____	_____

The Departmental estimates of replacement costs for sabbaticals will be kept separate from the applications throughout the ranking process so that financial considerations do not affect the ranking of the sabbatical applications through FRC.

Instructions: Department Head completes the form, signs, and forwards to the Dean for signature. The Dean reviews, signs the form and forwards to the Office of the Provost and Vice President for Academic Affairs. After review, the Provost and Vice President for Academic Affairs will sign and forward to the FRC for consideration once they have established rankings.

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Provost and Vice President for Academic Affairs Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Review Committee Chair Signature \_\_\_\_\_  
Date