

*SABBATICAL REQUEST FORM*  
Summer 2013/Fall 2013/Spring 2014/Summer 2014

Please complete the following information to enable the Sabbatical Review Committee to consider your request. Answer all questions. This form must be received in the Office of the Vice President for Academic Affairs by **October 15**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #, Home: \_\_\_\_\_ College Extension: \_\_\_\_\_

Period of previous sabbatical, if applicable: (no previous sabbatical) \_\_\_\_\_

List of unpaid leave(s) of absence: From Fall 2008 To Spring 2010

Preference for sabbatical leave (rank your preferences 1st, 2nd, 3rd):

Full Year \_\_\_\_\_

Fall Semester 1<sup>st</sup>

Spring Semester 2<sup>nd</sup>

(Note: You must accept a full-year sabbatical if you rank it among your preferences and it is awarded.)

**Statement of Purpose** (See format provided for additional instructions.)

The statement of purpose for the sabbatical shall demonstrate the proposed benefit to individual professional growth or to a college program. "Individual professional growth" is defined as pursuit of knowledge related to the faculty member's discipline or duties at the College, to the teaching profession, or to an approved training program.

Please be advised that within eight weeks after the return from you sabbatical, you must submit to the President a report of your activities during your sabbatical leave. Forms for this report will be provided upon award of the sabbatical. Also note that you are obligated to return to the College for one year following the sabbatical. The failure to return or to complete the sabbatical as awarded can result in a financial liability for the return of salary paid during the sabbatical.

Signed: \_\_\_\_\_

Date: October 15, 2013

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DATE

(10/15/13)

## REQUIRED FORMAT

### SABBATICAL APPLICATION: STATEMENT OF PURPOSE

*Directions are in Italics*

#### **Abstract for Publication/Board Resolution:**

The purpose of this proposed sabbatical is to complete the writing of my dissertation. By acquiring a sabbatical, I would have the needed time to thoroughly write, edit, and read additional materials for my dissertation. These important steps would then prepare me for a successful defense of my dissertation and my earn doctorate in Communication.

#### **A. Narrative on Activity**

My journey up to this point in my academic career, in acquiring my Ph.D. in Communication, has been a long and eventful voyage packed with both rewards and challenges. I was hired as an instructor at Suffolk County Community College in the fall 2004 and after four years of service, I was granted two years of leave (without pay and benefits) from fall 2008-spring 2010 to attend Ohio University's School of Communication Studies – one of the most competitive and well-known Communication doctoral programs in the country. After successfully completing all of my coursework and passing my preliminary examinations (including taking summer classes and “doubling up” on coursework every quarter), I returned to my full-time teaching appointment in the fall 2010. Since that time, I have slowly been writing my dissertation. The request for this sabbatical is to devote 100 percent time and attention to the writing of my current dissertation. My rationale for applying for a fall 2014 sabbatical is because my advisor is strongly considering retirement at the end of the 2014 calendar year.

#### Content & Topic of Dissertation

My dissertation is a critical health communication focus that looks at the intersections of PrEP, unsafe sexual practices in the gay community, gay sexuality, HIV/AIDS, and the gay male body. Specifically, in November of 2010, the *New England Journal of Medicine* published a breakthrough study for the prevention of HIV/AIDS in men who have sex with men (MSM) (Grant et al., 2010). The study found that men who took a daily PrEP (i.e. Preexposure Prophylaxis) regimen of emtricitabine and tenofovir disoproxil fumarate (FTC-TDF) reduced their HIV risk by 73 percent as long as they took this medication 90 percent or more of the time during the research study. PrEP is “the administration of antiretrovirals before HIV exposure to prevent infection” (Supervie, Garcia-Lerma, Heneine, & Blower, 2010, p. 12381). Simply stated, the researchers took an existing medication to treat HIV and gave it to HIV-negative volunteers and monitored their sexual practices especially when they did not use condoms or participated in

bareback sex (unprotected anal intercourse) with other men. In July 2012, the U.S. Food and Drug Administration (FDA) approved the use of this drug for the use of PrEP in preventing HIV in high-risk communities (CDC, 2012).

This promising news comes at time when researchers have been searching for preventative measures of HIV transmission other than condoms. Additionally, the Grant et al. (2010) study is important because HIV rates are still on the rise around the world and among MSM in the United States who are increasingly becoming infected. Specifically, “MSM represent more than half of new HIV infections and nearly half of all people living with HIV in the U.S., and the rate of new HIV diagnoses among MSM is more than 44 times that of other men” (CDC, 2011). Moreover, data suggest that HIV infections have been steadily increasing in this group since the mid-1990s. While PrEP shows much promise and efficacy, doctors and scientists are aware that more research needs to be conducted in order to monitor long-term use of PrEP treatments. PrEP offers so much potential in preventing HIV that *Time* magazine ranked the study number one as the top medical breakthrough of 2010 (Park, 2010).

The success and potential that PrEP offers can completely change the thought process in how safe sex is discussed and managed but it can also come at costs. Many of the current HIV drug treatments are high in toxicity which can put stress on vital organs in the body. Shortly after the PrEP study was published, criticism of PrEP treatments was raised almost immediately in the medical community. Gostin and Kim (2011) raised the ethical questions regarding the administering of the PrEP regimen, “Under what circumstances is it ethical to recommend that healthy individuals take medications with potential adverse effects and drug resistance?” (pp. 191-192). The ethical implication of prescribing toxic medications to healthy people was also raised by Leydorf (2011). He argues “you have to question the rationale for taking something that can *make* you ill in order to *prevent* getting ill. It would be like doctors prescribing chemo for life instead of advising smokers to give up cigarettes” (p.22). In addition to the ethical implications of the medication used in the PrEP study, it (i.e. Truvada) costs approximately \$13,000 per year (Leydorf, 2011). This raises many more policy questions as to whether or not health insurance should, or would, cover the cost of a PrEP regimen. While scientific and medical results from the PrEP study show excellent results in preventing HIV among high risk sexual groups, especially MSM, PrEP enables yet constrains some of the many other issues associated with the administering of this treatment.

The possibilities suggested by PrEP regimens offer many promises for sexual health in protecting the body from HIV but it also raises questions in regards to how the gay male body is often managed and regulated by medical culture. The gay male body is unique in that it is subject to disease and illness, especially from a sexual health context. Lupton (2003) notes that:

Over the past century and a half, the homosexual body has been subjected to intense medical scrutiny. As part of the quest to categorize, label and define human bodily functions and behaviours, medico-scientific discourses have constructed ‘the homosexual’ as a distinct human type. (p. 31)

MSM, specifically gay men who bareback, or who put their bodies in danger, violate the social norms of trying to maintain a healthy lifestyle that is encouraged and privileged by society and forms the normative structure from which the medical community approaches the issue. That is, gay men are taking sexual risks that put them not only at risk of HIV but also of contracting other STIs that can easily be prevented by using a condom. Foucault (2000) noted this social norm as the “imperative of health” which he claimed is “at once the duty of each and the objective of all”

(p. 94). The practice of barebacking, in transgressing the norm, raises many questions in a society that privileges a healthy lifestyle over risky sexual behavior. While same-sex relations and practices have been stigmatized by society, barebacking among MSM is further placed in spaces of stigmatization that exist both inside as well as outside of the self (or the body). Foucault states that “the whole machinery of power . . . was implanted in bodies” (p. 42). Power has specifically played a predominant role in regards to how sexuality is practiced, taught, and performed.

Foucault notes:

The power which thus took charge of sexuality set about contacting bodies, caressing them with its eyes, intensifying areas, electrifying surfaces, dramatizing troubled moments. It wrapped the sexual body in its embrace. (p. 44)

The sexual body has been regulated through elements of socially acceptable sexual practices and norms, and barebacking is no exception. Trying to understand such practices of some gay men further questions the notions of what is sexually and socially acceptable to do with one’s body and what is not. As a preventive tool, PrEP complicates the simplicity of “use a condom” as a response to the possibility of contracting HIV/AIDS and further impacts the management of MSM’s sexual practices. The question surrounding the advent of PrEP is whether or not it will be welcomed among MSM, as they are already showing increased rates of bareback sex.

And power, according to Foucault, does not exist in isolation – it finds its way into the body and plays a major role in how human bodies are managed and controlled. Foucault (1980) specifically argues:

What I want to show is how power relations can materially penetrate the body in depth, without depending even on the mediation of the subject’s own representations. In power takes hold on the body, this isn’t through its having first to be interiorized in people’s consciousness. There is a network or circuit of bio-power, or somato-power, which acts as the formative matrix of sexuality itself as the historical and cultural phenomenon within which we seem at once to recognise and lose ourselves. (p. 186)

As gay sexuality went through a liberation phase in the 1970s, and HIV/AIDS spread virtually unchecked throughout the 1980s, the hysteria to control the spread of the illness and to find a cure and vaccine was the dominant discourse during that time. Since no vaccine or cure has been found, prevention and treatment of the disease is what has been communicated and has forced many gay men to take control of their bodies through their sexual practices, in particular, practicing safe sex with a condom. Now that PrEP has the potential to take control of HIV prevention measures without the use of condoms, power is literally installed in the body in the form of medicine, in this case, PrEP, to protect against the virus. While the long-term potentials and dangers of taking PrEP regimens remains unclear, the gay male body is, in a sense, fitted with a “script” of protection against HIV. Neither condoms nor PrEP are failsafe measures, but the emergence of this new alternative changes the power dynamics within the gay community, as it also changes the power dynamics invoked in managing the MSM body. The “safe-sex” norm is also challenged with respect to the gay community’s reaction to this new regimen.

The script, specifically the per(script)ion of PrEP regimens, adds to the text of the gay male body. Cahill (2008) argues, “If, as Foucault claims, individual bodies are produced with certain identifiable characteristics that relate directly to power dynamics, then bodies are texts that we may read in order to discern the (sometimes implicit) claims of the dominant discourse” (p. 815). The text of the gay male body continues to be studied, medicalized, and managed through the influence of bio-power. That is, in order for gay men to protect themselves from the dangers of HIV they must further add to the text of their bodies through the scripts of PrEP

regimens. Similarly, the text of the female body has had the similar scripts and discourse through the invention of birth-control medications. And now that PrEP has become more of a reality, it brings with it new meanings, opportunities, and uncertainties for the gay male body. Lupton (2003) notes that “Like the gendered body, the sexually active body is currently a primary site at which contesting discourses compete for meaning, particularly in the fields of medicine and public health” (p. 29).

In addition to the control over the gay male body from acquiring HIV, PrEP focuses on sexuality in regards to how HIV can be prevented. Rubin (1999) argues that sexual behaviors are privileged within a hierarchy in society. The most privileged form of sexuality and practice is that of monogamous, married, heterosexual couples. Not very long ago, up until 1973, the *Diagnostic and Statistical Manual (DSM)* classified homosexuality as a psychiatric illness. The American Psychiatric Association removed the words and supposed “illness” of homosexuality from the DSM at its 1973 meeting in San Francisco (Chicago Public Media, 2002). While the psychiatric stigma of homosexuality started to change during this time, homosexuality as a lifestyle and sexual practice still today holds a high level of stigmatization. Rubin argues about society and sexuality:

Most systems of sexual judgment – religious, psychological, feminist, or socialist – attempt to determine on which side of the line a particular act falls. Only sex acts on the good side of the line are accorded moral complexity. For instance, heterosexual encounters may be sublime or disgusting, free or forced, healing or destructive, romantic or mercenary. As long as it does not violate other rules, heterosexuality is acknowledged to exhibit the full range of human experience. In contrast, all sex acts on the bad side of the line are considered utterly repulsive and devoid of all emotional nuance. The further from the line a sex act is, the more it is depicted as a uniformly bad experience. (p. 152)

Rubin further argues that homosexuality has become more acceptable within the last few decades but has still not received the same respect as heterosexual practices by society. While Rubin does not speak directly to the sexual practice of barebacking, there can be an argument made that, within the hierarchy of homosexual practices, these types of sexual behaviors are not widely embraced among MSM or within the gay community. Larry Kramer, an AIDS activist since the early 1980s, is still making passionate pleas to the gay community about the health risks of barebacking (Kramer, 2005). This discourse is in direct competition of a gay pornography industry that’s producing bareback pornography at three times the rate of condom-only pornography (Colin, 2009), not to mention the social networking websites, including mobile phone apps, dedicated to barebacking. Even though gay men are experiencing more equality and sexual freedom than previous decades, the practices of barebacking tend to fall on the other side of the wall of socially acceptable sexual practices. Now that PrEP has the potential of preventing HIV without the use of condoms, and allows for the possible potential practice of safe, bareback sex, the question is raised about what PrEP means for the gay male body, gay sexuality and health, and HIV/AIDS.

Considering the above stated information, I am curious about the intersections of PrEP, HIV-prevention in the gay community, the gay male body, and gay sexuality and health. As a result, I have proposed the following research questions for my dissertation:

1. What kind of meanings do Gay Men subscribe to barebacking within the context of PrEP regimens?
2. What kind of meanings do Gay Men subscribe to HIV/AIDS within the context of PrEP?

3. What do Gay Men (re)think about gay sexuality and gay health in regards to PrEP treatments?
4. What does PrEP mean for the gay male body?

In addition to the above authors and theorists, I will be incorporating the theoretical work of Kenneth Burke and Elizabeth Grosz.

Additionally, in my dissertation, I am using a qualitative methodology which, on average, creates for longer dissertations (both in collection of data and in the overall page length of the dissertation). Due to the sensitive, and arguably controversial subject matter of my dissertation, I had to submit three applications to the Ohio University's Internal Review Board (IRB) before they finally approved my application to gather data. First, it was recommended by my committee that I collect focus group data but IRB believed that could potentially jeopardize the reputation of potential participants so my advisor, committee, and I decided to obtain individual, one-on-one interviews from participants. I finally received IRB approval on June 13, 2013. Shortly thereafter, I started gathering interview data and digitally recording interviews. Currently, I have successfully obtained 12 recorded interviews at the submission of this application. I will need to obtain 20-25 total interviews or when my data has met a level of "saturation" (Corbin & Strauss, 2008). Once when I gather all of these interviews, they will need to be transcribed (i.e. listening to the interviews and typing out the interview word-for-word into a document). Once when all of the interviews are transcribed, they are sent back to all of the participants to make sure that they are accurate – this is also called conducting a "member check" (Corbin & Strauss, 2008). Upon receiving confirmation from my participants, I will then begin to type the analysis (chapter four) from the data using the "constant comparative method" (Corbin & Strauss, 2008). Specifically, this means creating themes that have consistently emerged in the interview data and stuck out most to me as a research. Within these themes, I will expand upon them by writing lengthy dimensions of those themes. This means providing the readers, and ultimately my committee, with a number of variations of those themes through writing extensive examples and thorough explanations of those themes. Such a process will make the themes relevant and will show that my research and dissertation has rigor. Furthermore, I will then have to tie those themes back to the theoretical implications that I have laid out in my literature review which has been written in chapter two.

Qualitative dissertations at Ohio University's School of Communication Studies (and across the Communication discipline) differ greatly from quantitative dissertation methodologies. First, qualitative dissertations are longer in page length. Typically, qualitative dissertations average anywhere from 250 to 500 pages in length. Secondly, the data collection process of qualitative dissertations require more time to gather as the research, specifically for myself, I need to contact individual participants, travel to them at an agreed upon location, collect a 60-90 minute in-depth interview, transcribe the interview, send it back to the participant, and finally write the thematic analysis. While I could have easily submitted a quantitative dissertation proposal, and was told to do so by many colleagues in the field, I could not do so in "good faith" as I would be sacrificing my epistemological and scholarly integrity.

#### My Current Dissertation Status

At the submission of this sabbatical application, I have made great progress in writing the first three chapters of my dissertation which has amounted to approximately 150 pages which includes the first three of six total chapters (i.e. discussion of the problem(s), rationale for pursuing the research, research questions, literature review, proposed methodology, and IRB

application). Also, I have gathered twelve in-depth interviews for my analysis chapter. I have written all of this since my return to Suffolk County Community College in fall 2010. At the current rate I am going, this dissertation has the potential to last years into the future which both myself, advisor (who hopes to retire), and committee members do not have at their/our disposal. Furthermore, my delaying, or minimally, writing a few pages per week runs the risk of successful, past coursework expiring which would mean having to retake courses. While I truly love teaching, serving the College, and working with students on a daily basis, delaying or “pausing” those day-to-day duties will be beneficial in helping me complete the entire writing process of my dissertation. Although I am submitting this application, please understand that I am not stopping the writing process to “wait” for the committee’s decision – I will continue to gather the needed data (i.e. 20-25 interviews) until I reach saturation so I can start the transcription process for all of the interviews immediately. If I were to earn a sabbatical in fall 2014, my aim is to have all of the interviews conducted and transcribed between now and that date. Interview transcription typically takes one hour for every 15 minutes of interview which means for 20-25, one hour interviews can take approximately 80-100 hours of transcription.

While I have made great progress in the last three years on my dissertation, I believe a semester sabbatical will afford me the opportunity to devote the needed, uninterrupted time and attention to writing the last three chapters. I believe the amount of writing that I have outlined (see the proposed timeline below) is at least much work as teaching a full-time, regular load of classes in my area (which is five). The kind of writing and thinking that needs to be employed in finishing these last three chapters (i.e. approximately 150-200 pages) is a task that cannot be completed by working on such a project a few hours per week. The uninterrupted time, and open, large “blocks of time” is what is needed to complete such a project with engagement and integrity. I have attached my current reference list as an addendum to this document and am willing to provide the committee with the first three chapters of my dissertation if the committee wishes to see that document.

#### Timeline for Proposed Sabbatical

The following is the expected and proposed timeline in order to successfully complete and finish the writing of the dissertation (the total amount of page writing is expected to be approximately 150-200 pages):

- September 2014: I will write the analysis chapter (4) of the dissertation (and send draft(s) to my advisor for any revisions, additions, subtractions, suggestions, and edits). This chapter will specifically consist of the themes that emerged from data analysis and include extended dimensions of those themes (i.e. thorough, in-depth explanations of themes that were derived from the interview data).
- October 2014: I will write the discussion chapter (5) of the dissertation (and send draft(s) to advisor for any revisions, additions, subtractions, suggestions, and edits). This chapter will tie the discovered themes back to the research questions I proposed and the theoretical implications that I wrote about in chapter two.
- November 2014: I will write the summary and conclusion chapter (6) of the dissertation (and send draft(s) to advisor for any revisions, additions, subtractions, suggestions, and edits). This chapter summarizes and encapsulates the entire research and dissertation process. Specifically, I will discuss issues of reflexivity as a researcher, limitations of the

research, possibilities for future research, and how my research fits within the greater societal issues of MSM, HIV/AIDS, and gay health and sexuality.

- December 2014: I will revise any needed sections and/or portions of the dissertation and submit the entire dissertation document to my committee for their recommended revisions, additions, subtractions, suggestions, and edits. This step will set up the dissertation for defense in front of my committee. This time will also allow me to meet any “unforeseen issues” that may come up in the revision process. Additionally, I will plan and organize my oral defense presentation for my committee and advisor during this time.
- January 2015: I am hoping to successfully defend the dissertation.

## **B. Professional Benefit to Applicant**

By successfully completing the writing of my dissertation, I will be able to better myself as both a Communication scholar and professional. As a scholar, I will be able to devote 100 percent effort to my academic writing which is a skill in and of itself. Additionally, finishing my dissertation and honing my writing skills will allow me to pursue other projects that are meaningful to me. Those projects include, but are not limited to, turning in some of my past term papers from graduate school into conference presentations and/or publications. Additionally, I have had to turn down projects with other colleagues in my field as result of not having my dissertation completed. For one, I lack that academic “credential” (i.e. the Ph.D.) and secondly, I cannot devote the time and attention to other projects with colleagues because the dissertation needs more attention. Also, completing the data collection and analysis process of the dissertation will help make me a better researcher and will propel me to take on other research initiatives with confidence.

Secondly, completing the writing process of the dissertation will help me professionally. With a completed dissertation, I can take the finished product and propose portions of it as conference presentations, edited book chapters, and/or published academic articles. While the dissertation is an important academic “event” in a scholar’s career, it should start the process of increased inquiry along with a pursuant research agenda. Also, many grant applications expect applicants (depending on the field) to have their terminal degree earned, so if I would want to pursue a grant for a project I would need the credential of “Ph.D. in Communication.” I believe having such a finished and completed dissertation will give me the confidence to pursue all of these goals and objectives in my academic career.

Finally, fully finishing the dissertation will enhance my teaching as an instructor. In the COM 101 (Introduction to Human Communication) and COM 105 (Public Speaking) courses, I teach students about the research process because students are required to gather materials and sources for their speeches. Specifically, I teach the students about what are “quality resources,” pitfalls that should be avoided while researching for a speech or a paper, and how to critically think about the material that they research. By going through the entire research process of a dissertation, and fully immersing myself in that process during a sabbatical, will be both valuable to me and further strengthen my pedagogical skills in the classroom.



### C. Benefit to the College

Most importantly, by completing the writing of my dissertation, I will be able to provide a number of benefits to the College. First, it will help build the “credentials” of the Communication faculty at the College. Out of 17 full-time Communication faculty members (across all three campuses), four have successfully earned their doctorate’s in Communication (which is a terminal degree in our field). Five other members of the Communication faculty are currently ABD (all but dissertation). Those five members, in my personal conversations with them, have elected to not finish their dissertations or their time has “run out” in being able to successfully complete their degree. By earning a sabbatical to complete the writing of my dissertation (which would prepare it for defense), would put the total number of faculty with a completed Ph.D. in Communication at five across the entire College. Furthermore, according to the Faculty Association website (and other College communications), the Administration has encouraged faculty retraining and development in the field of Communication. Also, when job searches are created for a new Communication faculty member, “Ph.D. is preferred.”

Secondly, completing the writing of my dissertation will also help me to better understand the phenomena I am researching and then enable me to teach it to students in the College community. Specifically, I would like to teach a special topics class at the College on “Sexuality and Communication.” In this class, topics will center on how humans communicate about sexuality at the intrapersonal (within ourselves), perceptual, cultural, interpersonal, group, organizational, health, and societal levels. I am serious about teaching such a special topics class as I will be taking a short course on Friday, November 22, 2013 titled, “Connecting Across the Discipline and In the Classroom: Teaching a Course in Sexuality and Communication” at the National Communication Association’s (NCA) 99<sup>th</sup> Convention in Washington, DC. Due to the content of my dissertation, I will be able to discuss specific issues of sexuality, especially HIV-prevention, in how they relate to communities of sexual minorities, especially gay and bisexual men. Additionally, by gaining the knowledge from completion of my dissertation, I would be able to discuss specific elements when it comes to sexual health when I teach that section to my future Freshman Seminar (COL 101) students. Specifically, the second learning outcome for the Freshman Seminar course states “Students who successfully complete this course will be able to explore personal and societal issues faced by first year students (i.e. alcohol and other drug use and abuse, sexuality, cultural diversity, etc.)” The element of sexuality, although a small component of the learning outcomes for Freshman Seminar, directly relates to the research in my dissertation, especially within the element of HIV-prevention – something all first-year students need to understand and recognize as a pertinent health issue. Finally, another benefit to the College can be from presentations that I could deliver to the College’s Gay-Straight Alliance (GSA) student club. A few semesters ago, I delivered a presentation to the GSA in which I discussed a brief history of HIV/AIDS, treatment and prevention of the virus, and the research that I am currently conducting within my dissertation. Since my presentation, I have been asked to return and deliver other presentations to the GSA within the context of HIV/AIDS and my general interest (and experience) in the gay community. These are just a few of the many ways that this sabbatical would afford me the opportunity to benefit the College.

## References

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- Supervie, V., Garcia-Lerma, J. G., Heneine, W., & Blower, S. (2010). HIV, transmitted drug resistance, and the paradox of preexposure prophylaxis. *PNAS*, 107, 12381-12386.

### **Notes:**

Your Statement of Purpose should be made with a high degree of certainty. In the event modification becomes necessary, you must promptly seek approval from the Sabbatical Review Committee.

A faculty member is expected to complete his/her sabbatical as awarded, or as modified or waived with committee approval. A faculty member granted and accepting a sabbatical who fails

to complete the sabbatical as awarded, or modified or waived with committee approval, shall be required to reimburse the College for all monies paid under this provision to the faculty member during the period of said leave.

Upon return from sabbatical leave, the faculty member agrees to remain in a full-time faculty position for a minimum of one (1) year. Prior to the commencement of a sabbatical leave, a faculty member shall be required to execute documentation to assure repayment to the College of all costs related to the sabbatical leave in the event the faculty member does not return to the employ of the College. At the conclusion of one year of full-time service following sabbatical leave, the documentation will be returned to the faculty member.

Addendum – Current, Working Reference List

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