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| **FA-logo-color-pantone1807-whiteonred-sm** | Faculty Association  Sabbatical Report |  |

***Use this form to submit your post-sabbatical report;   
reports due within eight weeks of your return.***

Complete the following form to enable the Sabbatical Review Committee to confirm that you completed the work proposed in your sabbatical application. Do not include links to external sources; incorporate all information into this form.

This form must be submitted electronically to Kathy Keane in the Office of the Vice President for Academic Affairs ([keanek@sunysuffolk.edu](mailto:keanek@sunysuffolk.edu) • 631-451-4244) within eight weeks of your return from sabbatical.

Be aware that your report may be subject to public inspection and may be shared with the Board of Trustees and your colleagues. Upon review and acceptance by the Sabbatical Review Committee and your dean, the report will be forwarded to the college president.

Faculty members are expected to complete their sabbatical as awarded, or as modified or waived with committee approval. Faculty who fail to complete the sabbatical as awarded or as 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, faculty members agree to remain in a full-time faculty position for a minimum of one year. Prior to the commencement of a sabbatical leave, faculty 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 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.

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| **Name:** |  | | |
|  | *^ click into cell to type* | | |
| **Department:** |  | | |
|  |  | | |
| **Campus:** | * Ammerman |  | * Grant |
|  | * Eastern |  | * Central |

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| **Semester/Year  of Sabbatical** |  |  |
|  | *semester(s) year* | |
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Attach the Statement of Purpose as approved by the Sabbatical Review Committee.

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| 1. **Narrative on Activity ⚫**  Describe your activity in detail and attach supporting documents of outcomes, e.g., transcript, manuscript outline, chapter course proposal, research/project report, survey responses, etc. Be certain to directly address and report upon activities outlined in your sabbatical proposal. |
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| 1. **Professional Benefit to Applicant ⚫**  Discuss how the activity has made you a better teacher, professional, or scholar. |
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| 1. **Benefit to College ⚫**  Discuss the specific impact your sabbatical activity will have on carrying out your professional responsibilities, e.g., to teaching or student learning; to programs, courses, or curriculum development; to retraining; or to an institution-specific project. |
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| 1. **Current Status** ⚫ Describe the current status of the project and indicate when the project will be completed. |
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| **Signature:** |  |
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| **Date:** |  |