

**APPENDIX E
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 under the various alternatives (see section 8.1.6 of Master Agreement). The replacement must be expressed as full-time equated teaching faculty (FTETF). The Department shall also indicate the anticipated *total compensation* for the replacement for the following alternatives:

	<u>One Semester</u>	<u>FTETF</u>	<u>Year</u>	<u>FTETF</u>
No replacement necessary	\$ <u>0</u>	<u>0</u>	\$ <u>0</u>	<u>0</u>
Contingent, adjunct, overload	\$ _____	_____	\$ _____	_____
Instructor (term)	\$ _____	_____	\$ _____	_____
Assistant Professor (term)	\$ _____	_____	\$ _____	_____
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