***LCC Human Resources Logo with stars.***

Committee Review of Sabbatical Leave Report

**Employee Name:** Type here **Position:** Type here

**Division:** Type here **Department Name:** Type here

**Dates of Leave:** Type here **Report Due Date:** Type here

**Report Submission Date:** Type here **Reviewed By:** Type here

**Sabbatical Leave Final Report Abstract**

Not Present

Present

Was the Sabbatical Leave Final Report submitted within 30 days of the end of the sabbatical leave? Choose an item.

*Note: Any exceptions to the 30 day due date must have been part of the Sabbatical Application or approved by the Provost/designee. Make note if report was submitted late without Provost/designee approval.* Click here to enter text.

Comments: Click here to enter text.

**PURPOSE of LEAVE** - Describe as presented in Sabbatical Application. Click here to enter text.

**ACTIVITIES of LEAVE** - List activities stated in the Sabbatical Application.

List those that were completed: Click here to enter text.

List and explain any activities that were not completed: Click here to enter text.

**METHOD of EVALUATION** - Describe evaluation criteria and documentation to be provided as stated in Leave Request. List those completed (i.e. bibliography, tables, survey summaries, course work) Click here to enter text.

List and explain those that were not completed: Click here to enter text.

**VALUE of LEAVE**

Accomplished goals as stated for the individual

Accomplished goals as stated for the College

Comments: Click here to enter text.

**RECOMMENDATION(S)**

Accept Report – as satisfactory completion of leave

Do Not Accept Report – comment with reason

Comments/Suggestions: Click here to enter text.

**Sabbatical Report Submitted By:** Click here to enter text.

**Sabbatical Reviewed By:** Click here to enter text.

**Reviewed Completion Date:** Click to enter a date.