



## Sabbatical Leave Agreement

I understand that by accepting a sabbatical leave for \_\_\_\_\_, I agree to:

1. Fulfill the purpose for the sabbatical leave, outlined in my written plan.
  - a. The faculty member shall agree in writing to return to the University after the conclusion of the sabbatical and provide twelve (12) credits of instruction or an equivalent amount of non-credit faculty work for each semester of leave taken.
  - b. In the event the faculty member fails to follow the intent of his/her plan or to return to the University to provide twelve (12) credits of instruction or an equivalent amount of non-credit faculty work for each semester of leave taken, the faculty member shall refund to the University such funds awarded during the sabbatical period.
2. Complete a [Sabbatical Report](#) for the Office of the Provost Within thirty (30) days of return from a sabbatical. This report shall include, but not be restricted to the following items:
  - a. A summary of your professional activities during the sabbatical leave.
  - b. A description of how the professional activities during your sabbatical leave had an impact on your professional responsibilities; e.g. teaching, service, research.
  - c. An outline of your plan for conducting a seminar (or similar experience), sharing the knowledge and understanding gained during your sabbatical leave with your department or other appropriate unit.
  - d. An attachment to your sabbatical leave report of any transcripts or program certificates if your sabbatical leave supported additional study.
  - e. A 200-250 word summary of your report for inclusion in a University-wide publication that highlights the outstanding endeavors of faculty [IFO and MSUAASF] who have participated in a sabbatical.

☐ I would like my 200-250 word summary of sabbatical activities to be considered for publication in the University-wide publication.

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*My signature below indicates that I understand the sabbatical leave provisions as outlined above. I agree to the conditions above and will return the signed copy to Cindy Friesen, [cynthia.friesen@mnsu.edu](mailto:cynthia.friesen@mnsu.edu), in the Office of the Provost via email by **January 9, 2026**.*

Faculty Printed Name \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Presidential Designee for this Agreement Printed Name \_\_\_\_\_

Designee Signature \_\_\_\_\_ Date \_\_\_\_\_