

**APPLICATION – SABBATICAL  
DUE MARCH 1**

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

Date: \_\_\_\_\_ Division: \_\_\_\_\_ Start date at GFS: \_\_\_\_\_

1. Have you ever received a Sabbatical Award in the past? \_\_\_\_\_ (yes or no)

2. If yes, please list the date/year of the award. \_\_\_\_\_

3. Anticipated date(s) of project / program: \_\_\_\_\_

Please give a brief description of your planned sabbatical activity: (Include or attach descriptive material if available)

4. Briefly describe the meaning and/or benefit of the sabbatical for you.

Cost Breakdown:

Fees: \_\_\_\_\_

Transportation: \_\_\_\_\_

Food/lodging: \_\_\_\_\_

Other: \_\_\_\_\_

Total Cost Anticipated: \_\_\_\_\_ (Please be aware that we may not be able to cover all expenses and that reimbursement may be taxable income.)

Signatures required for submission of request:

\_\_\_\_\_  
Division Head

\_\_\_\_\_  
Department Chair