



**Faculty Sabbatical Application  
Program (Division) Personnel Committee (PPC) Recommendation**

**Name of Candidate:** \_\_\_\_\_

**Please provide the Program (Division) Personnel Committee's review of the sabbatical application and include your evaluation of the degree to which the proposed sabbatical plan provides substantial benefit to the institution and the individual.**

**Vote Summary**

Support:      Do not support:      Abstain:

NOTE:      *Chair of the Program (Division) Personnel Committee to provide a paper copy to the applicant at the time that this recommendation is completed and signed.*

Signature:      Date:

Signature:      Date:

PPC Chair Signature:      Date:

*Copy to Applicant (Date):*