

**Dean's Unit Impact Recommendation Form**  
**Due December 2nd**

The information in this form will be shared with the Sabbatical Leave Committee for their review of the faculty member's sabbatical application.

Dean Name:

|                  |
|------------------|
| Faculty Name:    |
| College:         |
| Dept:            |
| Terms Requested: |

**Summary of Sabbatical Leave Benefits to Academic Unit**

**Costs Associated with Sabbatical Leave**

Empty rectangular box for input.

**Staffing Concerns**

Empty rectangular box for input.

**Impact to Unit While Faculty Member on Leave**

Empty rectangular box for input.