

# 2024-2025 Sabbatical Leave / Difference-In-Pay Leave (DIP)

## Dean’s Recommendation

|  |  |
| --- | --- |
| **Employee’s Name:** | \*\*Click to enter Employee Name |

|  |  |
| --- | --- |
| **Department:** | \*\*Click to enter Department Name |

|  |  |
| --- | --- |
| **TYPE OF LEAVE:** | **RECOMMENDATION:** |
| [ ]  **Sabbatical or** [ ]  **DIP**  | [ ]  **Grant or** [ ]  **Deny**  |
| **If your recommendation is to deny, please provide a statement of reasoning:** |
| \*\*Click to enter text |

[ ]  **I, Dean** \*\*Click to enter full name, **certify I have completed the evaluation of the employee’s Sabbatical/DIP Leave application on** \*\*Click to select date.