

2026-2027 Sabbatical Leave / Difference-In-Pay Leave (DIP)

Department Chair's Impact Statement

Employee's Name:	**Click to enter Employee Name
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Department:	**Click to enter Department Name
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Type of Leave:	☐ Sabbatical or ☐ DIP
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IMPACT TO CURRICULUM & DEPARTMENT OPERATIONS

Please assess the possible impact on continued and regular course offerings and/or the quality level of education offered to the students enrolled in this department or program as well as possible impact to department operations should the applicant be granted the requested leave.

INDICATE LEVEL OF IMPACT:

☐ **Minimal**
☐ **Moderate**
☐ **Significant**

Please provide a statement of reasoning for anticipated level of impact:

**Click to enter text

☐ **I, Department Chair** **Click to enter full name, **certify I have completed an assessment of possible impact for the employee's Sabbatical/DIP Leave application on** **Click to select date.