

# Application and Contract for Sabbatical Leave

Date of Application

Applicants Name

Current Annual Salary

Years of Employment  
(holding academic rank with full-time service)

Years of Previous Sabbatical Leave(s)

Present Rank and Department

This Application and Contract are subject to the Eastern Oregon University Sabbatical Leave Policy 5.25.35 governing sabbatical leaves in effect as to the date of this Agreement, a copy of which has been attached and made a part of this Application and Contract. Having read and understood these rules, I agree to comply with them.

I agree to remain in the service of Eastern Oregon University for one year, or the full-time equivalent thereof, after the expiration of the Sabbatical leave, if granted. Should I terminate my employment before I fulfill this obligation for any reason except for death or permanent disability caused by ill health or accident, I agree to refund within three months of my termination the amounts of compensation I received during the Sabbatical Leave.

“Compensation” shall include gross salary, employer to benefits including, but not limited to, medical and retirement benefits.

Signature of Applicant

Date

Signature of Provost

Date

Signature of President

Date

Signature of Dean

Date

## Amendments to this contract

When signed by all parties, this document becomes a contract. Cancellation of the leave, change in dates, purpose, or any other conditions must be approved by all signatories to this agreement. Cancellations should be made by letter. Other changes may be made on copies and initialed by all signatories or a substitute agreement marked “revised” may be submitted.