

Summer Stipend Leave History Form

COLLEGE _____

History of Sabbatical Leave, Reassigned Time and Summer Stipends

Name _____ Department _____

Date _____ Campus Phone _____

Campus Address _____

1. Have you received a sabbatical leave in the past while employed at UCA?

Yes No

2. If yes, indicate all time periods (fall, spring, academic year, summer) of all sabbatical leaves?

Fall (Year)	Summer (Year)	Spring (Year)	Academic Year

2. Have you previously received reassigned time while at UCA? Yes No

4. If yes, indicate dates in the spaces provided.

Fall (Year)	Summer (Year)	Spring (Year)

5. Have you previously received a summer stipend while at UCA? Yes No

6. If yes, indicate the summer terms below.