Winona State University Sabbatical Leave Agreement (Administrative Service Faculty-MSUAASF)

Having	g been granted a sabbatical leave during the following time,
l herel	by agree to the following conditions:
1.	I will pursue a sabbatical that will enhance my contribution to Winona State University by doing the following:
2	Lagrage to return to Winena State University and to the department or office which Lleft
۷.	I agree to return to Winona State University and to the department or office which I left for at least one (1) year of full-time service after completion of the sabbatical leave.
3.	In the event I fail to fulfill substantially the plan upon which I was granted this sabbatical leave, or fail to return to the University for one (1) year of full service, I shall refund to the University such funds awarded to me during this sabbatical period.
4.	I will complete a report within 30 days upon return from the sabbatical leave detailing what was accomplished during the sabbatical and how the accomplishments related to the statement of purpose in my ASF Sabbatical Application Form. This report will be sent to my immediate supervisor, vice president, and President.
	(Signature)
	(Printed Name)
	(Date)

*Please sign and date and return to the President's Office.