

WINONA STATE UNIVERSITY  
SABBATICAL LEAVE AGREEMENT  
(ADMINISTRATIVE SERVICE FACULTY – MSUAASF)

Having been granted a sabbatical leave for the \_\_\_\_\_ ,  
I hereby agree to the following conditions:

1. I will pursue a program of self improvement as follows:
  
  
  
  
  
  
  
  
  
  
2. 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 me during this sabbatical period.
  
4. I will complete a report of what was accomplished toward my self-improvement program while on this sabbatical leave.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

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

White: President's Office

Yellow: Applicant