BOISE STATE UNIVERSITY

Sabbatical Funds Request

for Instructional Replacement Hires

for Academic Year _____

For Adjunct Rates see: http://hrs.boisestate.edu/process/support/Adjunctcompensation.pdf

Please complete and return to Karen Hansen, karenmhansenboisestate.edu.

Department Name	
Department Contact: Name and phone number	
Name of Faculty Member on Sabbatical Leave	
Semester Terms of Sabbatical	Please enter appropriate sabbatical term: Full-Year 20_____ - 20_____ Fall 20_____ Spring 20_____
Name(s) of Replacement Hire(s)	
Appointment Status	Special Lecturer _____ Adjunct Step 1 _____ Adjunct Step 2 _____
Replacement Course Load (add more rows if needed)	Class #, Section, Title _____ No. of Credits _____ Class #, Section, Title _____ No. of Credits _____ Class #, Section, Title _____ No. of Credits _____
Funds Transfer Information	Appropriated FDCC: _____ Funds Requested $_____ Calculation details: