

FACULTY RESEARCH LEAVE AT ARGONNE (FRLA) PROGRAM

Argonne National Laboratory

Name/Department: _____
(faculty member at your institution, has expressed an interest in applying for the Faculty Research Leave at Argonne Program during his sabbatical).

Please inform us of the following:

- Has this sabbatical been approved? Yes No

Comments: _____

- If yes, what are the prospective dates of this sabbatical leave?

- Academic year dates at your institution _____
- Current academic year salary _____
- Fringe benefits _____
- Amount (or %) of salary from institution during sabbatical _____
- Amount (or %) of fringe benefits from institution during sabbatical _____

Additional Comments:

Signature

Title

Institution

Address