

**Compensation Received During Sabbatical Assignment
University of Wisconsin-Madison**

Name:

Date:

Department:

Sabbatical Term:

Please indicate the amount and source of all compensation you anticipate receiving during the term of your sabbatical. You do not need to include supplements you will receive to address additional cost of living expenses incurred during your sabbatical or compensation from typical consulting activities (which must be reported on Outside Activities Report). If actual compensation received changes, please submit this form with your updated information when you turn in your report to the Vice Provost's Office (117 Bascom Hall) at the conclusion of your sabbatical.

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|---|---|----------|
| 1 | Payments made through UW institution*
e.g., payment for sabbatical, salary from
supplemental grants | \$ _____ |
| 2 | Payments made directly to faculty member
from grants or awards (provide names of
agency or organization providing grants or
awards and the amounts for each below) | \$ _____ |
| 3 | Salary paid directly to faculty member from
from non-UW-institution employment e.g., as
a visiting professor at another institution
(provide names of other employers and the
amounts for each below) | \$ _____ |
| 4 | Other (specify below) | \$ _____ |
| | Total* | \$ _____ |

*To be filled in by institution (Dean's Office)
