

Sabbatical/Educational Leave Request

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

COLLEGE \_\_\_\_\_

CURRENT TITLE \_\_\_\_\_

YEARS OF SERVICE IN LSU SYSTEM TO EFFECTIVE DATE OF LEAVE \_\_\_\_\_

(academic & administrative, if applicable)

DATE APPOINTED \_\_\_\_\_

GRADUATE FACULTY STATUS:

APPOINTMENT STATUS:  TENURED  
 TERM

MEMBER  
 ASSOCIATE  
 NONE

PAY BASIS:  AY  
 FY

EDUCATION:                      INSTITUTION                      DEGREE                      DATE AWARDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL EXPERIENCE (INCLUDE LSU SYSTEM):

INSTITUTION                      RANK                      PERIOD OF APPOINTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Leave Requested:  Sabbatical  
 Educational

Dates of Leave: From \_\_\_\_\_  
Through \_\_\_\_\_

Pay Status Requested  Full Pay (Sabbatical Only)  
 Half Pay

List Previous leaves (sabbatical, educational, and leave without pay) granted:

TYPE                      DATES                      PAY STATUS                      PURPOSE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT: \_\_\_\_\_

**EVALUATION BY DEPARTMENT CHAIR/HEAD**

A. How will this leave enhance the ability of the applicant to meet his/her responsibilities within the LSU System?

B. What is your overall evaluation of this request?

- Strongly recommended
- Recommended
- Recommended with conditions (state conditions in G.)
- Do not recommend (give reasons in G.)

C. How do you rate this request among all those from your department?

\_\_\_\_\_ out of \_\_\_\_\_  
 (numerical rank) (total number)

D. Applicant's current salary \$ \_\_\_\_\_; Pay Basis:  AY  FY

E. Applicant's current teaching credit hours: \_\_\_\_\_ Fall Semester  
 \_\_\_\_\_ Spring Semester  
 \_\_\_\_\_ Summer Sessions

F. Is a replacement needed for teaching?  Yes  No

Rank \_\_\_\_\_  
 Teaching Load \_\_\_\_\_  
 Cost \$ \_\_\_\_\_ (AY) (FY) (SEM)

Is a replacement needed for other department duties?  Yes  No

Rank \_\_\_\_\_  
 Teaching Load \_\_\_\_\_  
 Cost \$ \_\_\_\_\_ (AY) (FY) (SEM)

G. Comments:

\_\_\_\_\_  
 Department Chair/Head

\_\_\_\_\_  
 Date  
 Page 2 of 4

Applicant \_\_\_\_\_

**EVALUATION BY DEAN/DIRECTOR**

A. What is your overall evaluation of this leave request?

- Strongly recommended
- Recommended
- Recommended with conditions (state conditions in D.)
- Do not recommend (give reasons in D.)

B. How do you rate this request among all those from your College?

\_\_\_\_\_ out of \_\_\_\_\_  
(numerical rank) (total number)

C. Do you concur with the evaluation and replacement needs of the Department Chair/Head?  
If not, explain.

D. Comments

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date  
Page 3 of 4



