

Sabbatical/Education Leave Request THE LOUISIANA STATE UNIVERSITY SYSTEM

| NAME: | CAMPUS: | | | | | |
|-----------------------|-----------------------------------|--|--|--|--|--|
| Last Name, First Name | | | | | | |
| DEPARTMENT: | DATE SUBMITTED: | | | | | |
| PRESENT RANK / TITLE: | EMPLOYEE ID: | | | | | |
| | SCHOOL: | | | | | |
| | YEARS OF SERVICE IN LSU SYSTEM TO | | | | | |
| DATE APPOINTED: | EFFECTIVE DATE OF LEAVE | | | | | |
| APPOINTMENT STATUS: | GRADUATE FACULTY STATUS: | | | | | |

PAY BASIS:

EDUCATION: (Reverse Chronological Order)

| INSTITUTION | DEGREE | DATE AWARDED |
|-------------|--------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PROFESSIONAL EXPERIENCE (INCLUDE LSU SYSTEM) (Reverse Chronological Order)

| INSTITUTION | RANK | INCLUSIVE APPOINTMENT DATE (MONTH, YEAR) |
|-------------|------|---|
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| | | |
| | | |
| | | |

| Type of Leave Requested: | Dates of Leave: | From | |
|--------------------------|-----------------|------|--|
| | | | |

Pay Status Requested:

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

| TYPE | DATES | PAY STATUS | PURPOSE |
|------|-------|------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Through

EVALUATION BY DEPARTMENT CHAIR/HEAD/PROGRAM DIRECTOR (SPH)

- 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 F.)**
 - Do not recommend (give reasons in F.)

| C. | Applicant's current salary \$ | | |
|----|--|----------|--------------------|
| | Total Base | Suppleme | nt (if applicable) |
| | | Semester | |
| D. | Applicant's current teaching credit hours: | | |
| | | | |
| | | | |
| E. | Is a replacement needed for teaching? □ Yes □ No | | |
| | Rank | | |
| | Teaching Load | | |
| | Cost \$ | | |
| | Is a replacement needed for other department duties? | | |
| | Rank | | |
| | Teaching Load | | |
| | Cost \$ | | |
| F. | Comments: | | |

Applicant

EVALUATION BY DEAN

- A. What is your overall evaluation of this leave request?
 - □ Strongly recommended
 - □ Recommended
 - **Recommended with conditions (state conditions in C.)**
 - Do not recommend (give reasons in C.)
- B. Do you concur with the evaluation and replacement needs of the Department Chair/Head/Program Director (SPH)? If not, explain.

C. Comments:

| CAND | IDATE | | | | | | | | | | - |
|----------------|--|--|-----------------------|---------------------|------|-------------|------|-------------|------|-------|----------|
| EVALU | JATION BY CAMPUS REVIEW C | OMMITTEES | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Α. | EVALUATION BY SABBATICAL LEAVE COM | MITTEE | A B C D F | | | | | | | | |
| | RECOMMENDED | SIGNATURE | | | | DATE | | | | | |
| | NOT RECOMMENDED | TITLE | | | | | | | | | |
| в. | ACTION BY ADMINISTRATIVE COUNCIL | | | | | | | | | | •••• |
| | RECOMMENDED | SIGNATURE | | | | DATE | | | | | |
| | NOT RECOMMENDED | TITLE | | | | | | | | | |
| | •••••••••••••••••••••••••••••••••••••• | ••••• | ***** | ***** | **** | **** | **** | **** | **** | **** | **** |
| Replac | cement funds authorized \$ | | S | emester | : _ | | | | | | |
| | RECOMMENDED | | | | | | | | | | |
| | NOT RECOMMENDED | VICE CHANCELLOR FOR ACA | DEMIC | AFFAIRS | | DATE | | | | | |
| ••••• | •••••• | ••••• | ••••• | • • • • • • • • • • | •••• | • • • • • • | •••• | ••••• | •••• | ••••• | •••• |
| | RECOMMENDED | | | | | | | | | | |
| | NOT RECOMMENDED | CHANCELLOR | | | | DATE | | | | | |
| ***** SPLIT | APPOINTMENT CAMPUS ACTIO | >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | ***** | ****** | **** | *** | **** | **** | ***4 | **** | **** |
| | RECOMMENDED | | | | | | | | | | |
| | NOT RECOMMENDED | VICE CHANCELLOR | | | | DATE | | | | | |
| ••••• | •••••• | •••••• | ••••• | • • • • • • • • • | •••• | • • • • • • | •••• | • • • • • • | •••• | ••••• | • • • •• |
| | RECOMMENDED | | | | | | | | | | |
| | NOT RECOMMENDED | CHANCELLOR | | | | DATE | | | | | |
| | YSTEM ACTION | ••••• | ***** | ***** | **** | **** | **** | **** | **** | **** | **** |
| | RECOMMENDED | VICE PRESIDENT FOR ACADE | | | | DATE | | | | | |
| | NOT RECOMMENDED | THE I RESIDENT FOR ACADE | | | | DAIE | | | | | |
| | RECOMMENDED | •••••• | ••••• | • • • • • • • • • • | •••• | • • • • • | •••• | • • • • • • | •••• | ••••• | •••• |
| | NOT RECOMMENDED | PRESIDENT | | | | DATE | | | | | |
| | •••••••••••••••••••••••••••••••••••••• | ••••• | **** | ****** | **** | *** | **** | **** | **** | **** | **** |

Sabbatical/Educational Leave