

# 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)

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					
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	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