



**Sabbatical/Education Leave Request
THE LOUISIANA STATE UNIVERSITY SYSTEM**

NAME: _____
Last Name, First Name

CAMPUS: _____

DEPARTMENT: _____

DATE SUBMITTED: _____

PRESENT RANK / TITLE: _____

EMPLOYEE ID: _____

SCHOOL: _____

DATE APPOINTED: _____

YEARS OF SERVICE IN LSU SYSTEM TO
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: _____ Through _____

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

TYPE	DATES	PAY STATUS	PURPOSE

APPLICANT: _____

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 Supplement (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? Yes No

Rank _____

Teaching Load _____

Cost \$ _____

F. Comments:

 Department Chair/Head

 Date

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:

Dean/Director

Date

