



**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

