

Sabbatical/Education Leave Request THE LOUISIANA STATE UNIVERSITY SYSTEM

NAME:			CAMPUS:						
Last Name, Firs	t Name		_						
DEPARTMENT:			DATE SUBMITTED:						
PRESENT RANK / TITLE:			EMPLOYEE ID:						
			SCHOOL:						
			YEARS OF SERVICE IN LSU SYSTEM TO EFFECTIVE DATE OF LEAVE						
DATE APPOINTED:									
APPOINTMENT STATUS:			GRADUATE FACULTY STATUS:						
PAY BASIS:									
EDUCATION: (Reverse Ch	ronological Order)								
INSTITUTION		DEGREE		DATE AWARDED					
PROFESSIONAL EXPERIEN	CE (INCLUDE LSU S'	YSTEM) (Reverse Chronolo	gical Order)					
INSTITUTION		RANK			INCLUSIVE APPOINTMENT DATE (MONTH, YEAR)				
					WONTH, ILAK)				
Type of Leave Requested:			Dates of Leave: From						
Pay Status Requested:			Through						
List Previous leaves (sabba		d leave w							
ТҮРЕ	DATES	DATES PAY S		US	PURPOSE				

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APPI	LICANT:
EVAI	LUATION 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?
В.	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 applicate
	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

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Appli	cant _						
EVALUATION BY DEAN							
A.	What is your overall evaluation of this leave request?						
		Strongly recommended Recommended Recommended with conditions Do not recommend (give reason					
B.	Do yo Chair	ou concur with the evaluation and the evaluation an	nd replacement needs of the Departmo	ent			
C.	Comi	ments:					
				 Date			

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CAND	IDATE									
EVAL	JATION BY CAMPUS REVIEW C	OMMITTEES		1	2	3	4	5	6	7
Α.	EVALUATION BY SABBATICAL LEAVE COMMITTEE			0000	0000					
	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 ACADEMIC AFFAIRS DATE								
	RECOMMENDED	••••••	• • • • • • • •	••••	• • • • • •	• • • • •	••••	• • • • •	•••••	••••••
	NOT RECOMMENDED	CHANCELLOR				DATE				
SPLIT	-APPOINTMENT CAMPUS ACTIO	**************************************	•••••	*****	****	****	*** *	****	***	******
	RECOMMENDED									
	NOT RECOMMENDED	VICE CHANCELLOR				DATE				
	RECOMMENDED		••••••	•••••	• • • • • •	• • • • •	•••••	• • • • •	•••••	•••••
	NOT RECOMMENDED	CHANCELLOR				DATE				
	**************************************	******	•••••	****	****	****	*** *	****	***	******
	RECOMMENDED	VICE PRESIDENT FOR ACAI	DEMIC AF	FAIRS		DATE				
	NOT RECOMMENDED									
	RECOMMENDED	•	• • • • • • • •	•••••	• • • • • •	• • • • •	••••	• • • • •	••••	•••••
	NOT RECOMMENDED	PRESIDENT				DATE				
	••••••• D ACTION	******	*****	*****	****	***	****	****	***	*****

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