# 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 T0**

**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:** _____ **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)**

**D. Applicant's current teaching credit hours:**

| | Semester |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**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**

**CANDIDATE** _____

**EVALUATION BY CAMPUS REVIEW COMMITTEES**

**A. EVALUATION BY SABBATICAL LEAVE COMMITTEE**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| B | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| C | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| D | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| F | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

_____ **RECOMMENDED** _____ **SIGNATURE** _____ **DATE**

_____ **NOT RECOMMENDED** _____ **TITLE**

**B. ACTION BY ADMINISTRATIVE COUNCIL**

_____ **RECOMMENDED** _____ **SIGNATURE** _____ **DATE**

_____ **NOT RECOMMENDED** _____ **TITLE**

**CAMPUS ACTION**

**Replacement funds authorized** $_____ **Semester:** _____

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **VICE CHANCELLOR FOR ACADEMIC AFFAIRS** _____ **DATE**

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **CHANCELLOR** _____ **DATE**

**SPLIT-APPOINTMENT CAMPUS ACTION**

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **VICE CHANCELLOR** _____ **DATE**

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **CHANCELLOR** _____ **DATE**

**LSU SYSTEM ACTION**

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **VICE PRESIDENT FOR ACADEMIC AFFAIRS** _____ **DATE**

_____ **RECOMMENDED**

_____ **NOT RECOMMENDED** _____ **PRESIDENT** _____ **DATE**

**BOARD ACTION**