



Sabbatical/Education Leave Request
THE LOUISIANA STATE UNIVERSITY SYSTEM

NAME: _____

Last Name, First Name

DEPARTMENT: _____

PRESENT RANK / TITLE: _____

DATE APPOINTED: _____

APPOINTMENT STATUS:

PAY BASIS:

EDUCATION: (Reverse Chronological Order)

CAMPUS: _____

DATE SUBMITTED: _____

EMPLOYEE ID: _____

SCHOOL:

YEARS OF SERVICE IN LSU SYSTEM TO

EFFECTIVE DATE OF LEAVE _____

GRADUATE FACULTY STATUS:

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

CANDIDATE _____

EVALUATION BY CAMPUS REVIEW COMMITTEES

A. EVALUATION
BY SABBATICAL LEAVE COMMITTEE

	1	2	3	4	5	6	7
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ 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