



**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 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

		1	2	3	4	5	6	7
A.	EVALUATION	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BY SABBATICAL LEAVE COMMITTEE	B	<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"/>
		D	<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"/>

_____ 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