



**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

