



**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 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/Program Director** _____ **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

		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"/>	<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"/>	<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 *****