

THE LOUISIANA STATE UNIVERSITY SYSTEM

Campus _____

Sabbatical/Educational Leave Request

Date Submitted _____

Name _____

Social Security Number _____

Department _____

College _____

Current Title _____
(academic & administrative, if applicable)

Years of Service in LSU System to
Effective Date of Leave _____

Date appointed _____

Appointment Status: _____ Tenured
_____ Term

Graduate Faculty Statue: _____ Member
_____ Associate
_____ None

Pay Basis: _____ AY
_____ FY

Education:

Institution	Degree	Date Awarded

Professional Experience (include LSU System):

Institution	Rank	Period of Appointment

Type leave requested: _____ Sabbatical
_____ Educational

Dates of leave: From _____
Through _____

Pay status requested: _____ Full pay (sabbatical only)
_____ Half pay

List previous leaves (sabbatical, educational, and leave without pay) granted:

Type	Dates	Pay Status	Purpose

APPLICANT: _____

EVALUATION BY DEPARTMENT CHAIR/HEAD

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 recommend
- ____ Recommend
- ____ Recommend with conditions (state conditions in G.)
- ____ Do not recommend (give reasons in G.)

C. How do you rate this request among all those from your department?

_____ out of _____
(numerical rank) (total number)

D. Applicant's current salary \$ _____; Pay Basis: _____ AY; _____ FY

E. Applicant's current teaching credit hours: _____ Fall Semester
_____ Spring Semester
_____ Summer Sessions

F. Is a replacement needed for teaching? _____ No; _____ Yes

Rank _____
Teaching load _____
Cost \$ _____ (AY) (FY) (SEM)

Is a replacement needed for other departmental duties? _____ No; _____ Yes

Rank _____
Duties _____
Cost \$ _____ (AY) (FY) (SEM)

G. Comments:

Department Chair/Head

Date

APPLICANT: _____

EVALUATION BY DEAN/DIRECTOR

A. What is your overall evaluation of this leave request?

- _____ Strongly recommended
- _____ Recommended
- _____ Recommended with conditions (state conditions in D.)
- _____ Do not recommend (state reasons in D.)

B. How do you rank this request among all those of your college?

_____ out of _____
(numerical rank) (total number)

C. Do you concur with the evaluation and replacement needs of the Department Chair/Head?
If no, explain.

D. Comments

Dean/Director

Date

CANDIDATE: _____

EVALUATION BY CAMPUS REVIEW COMMITTEE OR OFFICIAL

Reviewers

A. Evaluation of proposed action:						1	2	3	4	5
A	<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"/>					
C	<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"/>					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

B. Action recommended by other campus review official:

____ Recommended _____
Signature Date

____ Not recommended _____
Title

CAMPUS ACTION

____ RECOMMENDED _____

____ NOT RECOMMENDED _____
Executive Vice Chancellor & Provost 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

____ APPROVED _____

____ NOT APPROVED _____
President Date

BOARD ACTION

(August 1992)