



Campus: LSU-AgCenter  
 Date Submitted: \_\_\_\_\_  
 Campus Split: % LSU: \_\_\_\_\_  
                   % · Ag · PBRC · HSCNO: \_\_\_\_\_

## SABBATICAL LEAVE REQUEST

Name: \_\_\_\_\_ LSU ID: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Present Rank/Title: \_\_\_\_\_ Last Appointment Date: \_\_\_\_\_

*[Academic & Administrative, if applicable]*

**Attach current CV & sabbatical proposal to this form prior to routing for approval.**

Appointment Status		Pay Basis	
• Tenured	• Term	• AY	• FY

Years of Service		Graduate Faculty Status		
In LSU System to effective leave date:	_____	• Member	• Associate	• None

Dates of Leave		Pay Status Requested	
From: _____		• Full Pay	• Half Pay
To: _____			

Previous Leaves Granted			
Type	Date	Pay Status	Purpose

Education		
Institution	Degree	Date Awarded (mm/yyyy)

Professional Experience <i>[include experience acquired at any of the LSU campuses]</i>		
Institution	Rank	Period of Appointment
		-
		-
		-
		-
		-

**I.) EVALUATION BY DEPARTMENT CHAIR / HEAD**

**I. A.) How will this leave enhance the ability of the applicant to meet his/her responsibilities within the LSU System?**

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**I.B.) What is your overall evaluation of this request?**

Recommended	Recommended with conditions (state conditions in <b>Section I.C</b> )	Do not recommend (state reasons in <b>Section I.C</b> )
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**I.C.) Comments (from Section I.B.)**

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I.D.) How do you rate this request among all other requests from your department?	I.E.) Applicant's current salary:	I.F.) Applicant's current teaching credit hours:
_____ out of _____ (Numeric Rank)                      (Numeric Rank)	\$ _____	_____ Fall Semester _____ Spring Semester _____ Summer Sessions

I.G.) Is replacement teaching needed?	I.H.) Is a replacement needed for other departmental duties?
No                      Yes	No                      Yes
Rank: _____	Rank: _____
Teaching Load: _____	Teaching Load: _____
Cost: \$ _____	Cost: \$ _____

Department Chair/Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate: \_\_\_\_\_

**II.) EVALUATION BY DEAN / DIRECTOR**

<b>II.A.) What is your overall evaluation of this request?</b>		
Recommended	Recommended with Conditions (State conditions in <b>Section II.C</b> )	Do not recommend (give reasons in <b>Section II.C</b> )
<b>II.B.) Do you agree with the evaluation and replacement needs of the Department Chair/Head?</b>		
Yes	No (If no, explain in <b>Section II.C</b> )	
<b>II.C.) Comments (from Section II.A. and Section II.B.)</b>		
<b>II.D.) How do you rate this request among all other requests from your department?</b>		
<div style="text-align: center;">_____ out of _____ (Numerical Rank) (Numerical Rank)</div>		

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate: \_\_\_\_\_

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## SIGNATURE PAGE

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### DEPARTMENT ACTION

*\*Attach required recommendation*

☐ Recommended      ☐ Not recommended

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### COLLEGE ACTION

*\*Attach required recommendation*

☐ Recommended      ☐ Not recommended

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SPLIT APPOINTMENT CAMPUS ACTION

☐ A&M      ☐ Pennington      ☐ HSCNO

☐ Recommended      ☐ Not recommended

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### CAMPUS ACTION

☐ Recommended      ☐ Not recommended

Executive Vice President & Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PRESIDENTIAL ACTION

☐ Recommended      ☐ Not recommended

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_