

## SABBATICAL LEAVE INFORMATION AND ROUTING

NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

ARE YOU LESS THAN TWO YEARS AWAY FROM MANDATORY OR ELECTIVE  
RETIREMENT?       YES                       NO

STATEMENT: I HAVE READ THE OBLIGATIONS OF THE FACULTY MEMBER AND  
UNDERSTAND FULLY AND AGREE TO THE OBLIGATIONS STATED IN THE HIGHER  
EDUCATION POLICY COMMISSIONS' SERIES ON SABBATICAL LEAVES.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

MARSHALL UNIVERSITY REQUIRES THE FOLLOWING ROUTING OF THE REQUEST.  
SIGNATURE AT EACH LEVEL DENOTES APPROVAL.

CHAIRPERSON \_\_\_\_\_ DATE \_\_\_\_\_

DEAN \_\_\_\_\_ DATE \_\_\_\_\_

PROVOST OR VP/HEALTH \_\_\_\_\_ DATE \_\_\_\_\_

FACULTY PERSONNEL COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_