

UNIVERSITY 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 BOARD OF TRUSTEES' SERIES.

SIGNED _____ DATE _____

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

CHAIRPERSON _____ DATE _____

DEAN _____ DATE _____

ACADEMIC VP _____ DATE _____

FACULTY PERSONNEL COMMITTEE _____ DATE _____

PRESIDENT _____ DATE _____

SABBATICAL LEAVE REQUEST

Summary Sheet

NAME: _____ COLLEGE: _____

DEGREES HELD/
FIELD OF STUDY: _____

PRESENT POSITION/
ACADEMIC RANK: _____ DEPARTMENT DIVISION/
ADMINISTRATIVE UNIT: _____

DATES OF FULL-TIME EMPLOYMENT AT INSTITUTION:

FROM _____ TO _____ TOTAL YEARS: _____

CURRENT SALARY: _____ DATE TENURED: _____

DATE OF LAST SABBATICAL: _____ SUPERVISOR: _____

HOW WILL TEACHING, ADVISING AND OTHER SUCH DUTIES BE MET DURING ABSENCE? _____

COST TO INSTITUTION: _____

DATES OF SABBATICAL LEAVE:

FROM _____ TO _____ NUMBER OF SEMESTERS: _____

BRIEF SUMMARY OF PLAN OF ACTIVITY/PURPOSE OF SABBATICAL: _____

SUMMARY OF BENEFIT TO INSTITUTION: _____

