

Louisiana State University System

INSTRUCTIONS FOR SABBATICAL/EDUCATIONAL LEAVE REQUEST

Please keep all pages of the leave request form together and attach leave proposal and biographical data behind Page 4 of the form.

Submit only ONE ORIGINAL FORM WITH ATTACHMENTS and THREE COPIES OF THE FORM WITH ATTACHMENTS.

The applicant's Proposal for Sabbatical or Educational Leave must include the following information in the order as numbered. Please be brief but provide sufficient detail for evaluation by administrators at all levels of the University.

1. Give the purpose and objectives of the leave.
2. Briefly outline the activities or work plan.
3. Provide the location of the leave, with whom the leave will be spent, and the nature of the arrangements.
4. Provide any alternative plan in case original plans are not accomplished.
5. Provide the amount of time anticipated to be spent traveling.
6. Report any compensation from sources other than LSU System; the amount of compensation, time and service required, and how the service will support the objectives of the leave.
7. List any courses for credit or audit which will be taken while on leave.
8. State how the proposed leave will enhance standing as a scholar, researcher, and teacher, and how the leave will benefit the University.
9. Affix signature to the proposal.

The following biographical data must be included in the order listed and each item addressed. See pages 46-49 of PS-36 (Revision 5, July 1, 1997) for complete description of items.

- History of Assignments
- Teaching
 - Documentation of Teaching Activities
 - Listing of publications concerning instruction
 - Listing of publications concerning instruction accepted for publication but not yet published
 - Participation in Professional Meetings, Symposia, Workshops, and Conferences on teaching and Local instructional activities
 - Other instructional activities or other contributions to the profession
 - Awards, lectureships, or prizes that show recognition of teaching achievement
 - Research Support/Grant Activities
- Research and Creative Activity
 - Listing of research publications [Published items only]
 - Listing of other publications accepted for publication but not yet published
 - Other creative and artistic contributions
 - Participation in Other Professional Meetings, Symposia, Workshops, and Conferences (other than artistic performances)

- Other scholarly or creative activities or other contributions to the profession
- Other awards, lectureships, or prizes that show recognition of scholarly or artistic achievement
- Other research Support/Grant Activities
- Theses/dissertations directed (Numbers only)
- Major areas of research interest

- Service
 - Student organizations advised
 - Recruitment of students and faculty
 - University service (department, college, university, and Faculty Senate committees)
 - Professional service
 - Other external service

August 1, 1999

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 _____
 _____ Executive Vice Chancellor & Provost _____ Date

 _____ RECOMMENDED _____
 _____ Chancellor _____ Date

Split-appointment campus action:

____ RECOMMENDED _____
 _____ Vice Chancellor _____ Date

 _____ RECOMMENDED _____
 _____ Chancellor _____ Date

LSU SYSTEM ACTION

____ RECOMMENDED _____
 _____ Vice President for Academic Affairs _____ Date

 _____ APPROVED _____
 _____ NOT APPROVED _____ President _____ Date