

APPLICATION FOR FACULTY LEAVE

Office of Academic Affairs

Name _____ Rank _____ Date of Initial Employment _____

College _____ Department _____

Type of Leave Requested

Sabbatical: Fall Spring Fall & Spring Leave Without Pay Public Service Leave Without Pay

Date and type of last leave _____

Number of semesters of full-time, continuous service at MSU since last leave _____

Leave requested for period beginning ____/____/____ ending ____/____/____

(**Note:** Fall Semester is August 15 - December 31; Spring Semester is January 1 - May 15; Summer Session is June 1 - July 31)

Will you receive any additional income from Murray State University during the leave period? Yes No

(**Note:** If yes, attach a statement of explanation.)

Proposal Abstract:

Signature of Applicant Date

| | Recommended | Check One | Not Recommended |
|--|--------------------------|-----------|--------------------------|
| _____ Departmental Chair Date | <input type="checkbox"/> | | <input type="checkbox"/> |
| _____ Dean of College Date | <input type="checkbox"/> | | <input type="checkbox"/> |
| _____ Promotion and Leave Committee Date | <input type="checkbox"/> | | <input type="checkbox"/> |
| _____ Provost Date | <input type="checkbox"/> | | <input type="checkbox"/> |
| _____ President (For Board of Regents) Date | <input type="checkbox"/> | | <input type="checkbox"/> |

(**Note:** Leaves With Pay are approved subject to the terms and conditions set out in a "leave contract" which must be executed by Murray State University and the applicant.)

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Name _____

DETAIL BELOW THE MANNER IN WHICH AN APPROVED LEAVE WOULD BE USED.

(If additional pages are necessary, _____)