

**UTAH STATE UNIVERSITY
APPLICATION FOR SABBATICAL LEAVE
(Due to Provost's Office by February 14 - See section 365 of USU Policy)**

NAME: _____

TITLE: _____

DEPARTMENT: _____

Dates of Previous USU Sabbatical(s): _____

Requested Sabbatical Date: _____

Duration: 1 Semester 2 Semesters 12 Months Other: _____

Sabbatical Leave Statement

- Purpose of Sabbatical:

- Location During Sabbatical:

- Sabbatical Benefits to USU:

- Specific Accomplishments Expected of the Applicant:

- Sabbatical Benefits to Applicants:

Evaluation of Sabbatical Proposal

- This request is consistent with all applicable sabbatical rules and policies of USU pertaining to eligibility of applicants, documentation, and financial arrangement (USU Policy Manual Number 365). In consideration for approval of this sabbatical applicant agrees to remain in the services of the University for at least one academic year following return. Should applicant fail to return to the University, applicant agrees to reimburse the University for all sabbatical leave salary received.

Applicant

Department Head

Dean(s)

If not, please explain:

- We certify that all teaching and student advising and other duties included in the role statement of the applicant have been addressed in a professional manner for the duration of the sabbatical:

Department Head

Dean(s)

Please explain how applicant's duties will be addressed during the sabbatical period:

- Evaluation and recommendation by the chair of the promotion advisory committee and/or review committee for tenured faculty (Optional):

Name

Signature

Recommendation: Yes No

- Evaluation and recommendation by the Department Head:

Name

Signature

Recommendation: Yes No

