

# 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, \_\_\_\_\_)