WEBER STATE UNIVERSITY
APPLICATION FOR LEAVE

Applicant should review Policy and Procedures Manual Section 3-25 (Faculty Sabbatical), 3-27 (Administrative Leave), or 3-29 (Leave Without Pay) as appropriate before completing this form.

Name of Applicant: _________________________________________

Rank: _____________________________________________________

Department: _______________________________________________

Date of Full-Time Appointment to WSU Faculty: _________________

Dates of Most Recent Sabbatical Leave: _________________________

Dates of Requested Leave: ___________________________________

Signature of Applicant________________________________________ Date: ____________________________

Attachments:
1. Describe briefly your proposed activities while on leave and tell how they will contribute to your professional development.
2. Submit a resume of your professional activities and achievements relevant to the purpose of this leave.
3. If the purpose of the leave is to pursue an advanced degree, submit a copy of your notification of acceptance to a graduate program; indicate the degree sought and major discipline if not otherwise evident.

ENDORSEMENTS AND APPROVALS

Signature of Department Chair___________________________________ Date: _______________

Signature of Dean________________________________________________ Date: _______________

Attachment(s):

Dean and Department Chair should attach statements indicating the expected benefits of requested leave to the department and college.

Replacement Required (if any)

Expected Cost of Replacement (excluding benefits)

Provost, Academic Affairs:

Approved Disapproved ____________________________ Date: ______________ (Signature)

Board of Trustees:

Approved Disapproved ____________________________ Date: ______________ (Signature)

Date of Notification to Applicant_________________________________________________