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: _____

Type of Leave:

Sabbatical: _____

Without Pay: _____

No. of Semesters: _____

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 l 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_____