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

	Check One	
	Recommended	**Not Recommended**
_____ Departmental Chair Date	☐	☐
_____ Dean of College Date	☐	☐
_____ Promotion and Leave Committee Date	☐	☐
_____ Provost Date	☐	☐
	Approved	**Disapproved**
_____ President (For Board of Regents) Date	☐	☐

(***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, put your name at the top of each page.)