Faculty Senate Sabbatical Leave Committee

Application for Sabbatical Leave
Revised Spring 2015

Name: ________________________________________   Rank: ____________________________

College: ___________________  Department: ____________________________________________

Term of requested leave: Full year at 2/3 salary ___________  Half year at full salary ____________

Date of requested leave: _____________________________________________________________

Academic year of appointment at the NSHE: ____________________________________________

Current tenure status: Tenured: ____  Tenure Track: ___ (Date of tenure decision ____________)
Non-tenure Track: ___

Date(s) of previous faculty development leave(s) and/or sabbatical leave(s):

Date: _______________________________  Type of leave: ________________________________

Date: _______________________________  Type of leave: __________________________________

I agree to the obligations and conditions contingent to sabbatical leave, as set forth in the Nevada System of
Higher Education Board of Regents Handbook (Title 4, Chapter 3, Section 14).

_______________________________________________   Date: ______

(Signature of Applicant)

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Recommended: ___________  Not Recommended: ___________

(One letter is required from either the department chair OR the dean. Please attach letter of explanation if
desired. The letter should be included in the applicant’s electronic application.)

__________________________________   Date: __________________________

(Department Chair/Supervisor)

Recommended: ___________  Not Recommended: ___________

(One letter is required from either the department chair OR the dean. Please attach letter of explanation if
desired. The letter should be included in the applicant’s electronic application.)

__________________________________   Date: __________________________

(Dean)