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)

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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: ______________________
(Dean)