

**PITTSBURG STATE UNIVERSITY
Faculty Affairs Committee**

**(Complete and send to: Office of the Provost, 220 Russ Hall
with Chairperson and Dean endorsement)**

Request for SABBATICAL LEAVE or PLANNED LEAVE WITHOUT PAY

Dr./Mr./Ms. First Last (Rank – Univ/Prof, Associate, Assistant, etc.)

Department College

Requesting: _____ Sabbatical Leave **Request for:** _____ Fall (2022, 2023, etc.)
 _____ Planned Leave Without Pay _____ Spring (2022, 2023, etc.)
 _____ Academic Year (22-23, 23-24, etc.)

Year of first appointment to PSU faculty: _____

Number of Years on tenure-earning appointment: _____

Year(s), if any, in which all other sabbatical(s) or leave(s) was/were taken: _____
(Please list here the semester/year (WF10, SP 11, or AY11, etc.) of all sabbaticals/leaves taken)

On separate sheets, in as much specific detail as possible, explain each of the following:

1. The purpose of the sabbatical/leave in general;
2. If requesting a sabbatical, the research, study, or professional experience that is proposed;
3. Where such research or study will be done, indicating libraries, laboratories, facilities, or personnel to be consulted and utilized;
4. How this sabbatical will benefit your teaching and your students;
5. How this sabbatical will benefit your research; and
6. How this sabbatical will benefit Pittsburg State University.

For a sabbatical request, each of the above items is scored 1-10 (10 being best) by the Faculty Affairs Committee during their review process. In addition, the letters of support provided by the Chairs and Deans are scored 1-10.

1. Department Chairperson's Endorsement:
(Attach typed narrative stating your support or non-support of this request. This narrative should be copied to the faculty member.)

I endorse this request.
 I do not endorse this request.

Date

Signature

2. Dean's Endorsement:
(Attach typed narrative stating your support or non-support of this request. This narrative should be copied to the faculty member.)

I endorse this request.
 I do not endorse this request.

Date

Signature

3. Faculty Affairs' Committee Endorsement:
(Attach typed narrative stating your support or non-support of this request. This narrative should be copied to the faculty member.)

I endorse this request.
 I do not endorse this request.

Date

Signature

4. Provost/VPAA Endorsement:
(Attach typed narrative stating your support or non-support of this request. This narrative should be copied to the faculty member.)

I endorse this request.
 I do not endorse this request.

Date

Signature
