

**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

\*\*\*\*\*