

JACKSON STATE UNIVERSITY
Jackson, Mississippi

APPLICATION FOR SABBATICAL LEAVE

I, _____, hereby apply for sabbatical leave from _____, 20__ to _____, 20__
for the purpose of _____

How will proposed sabbatical activities enhance your effectiveness as a member of the Jackson State University Faculty?

On a salary basis during period of leave of ___ half salary, in accordance with the regulations of the Board of Trustees of Institutions of Higher Learning covering such leaves.

My salary is \$ _____ on the basis of ___ month of service.

I have been a member of the faculty of Jackson State University for ___ years, holding academic rank as follows for the years indicated: _____

Indicate degrees presently held (transcripts should be attached)

If granted Sabbatical Leave, I hereby agree to abide by the terms of the regulations governing Sabbatical Leave as fully set forth in the Faculty Personnel Policies and Procedures Manual. Pages 67-69.

I hereby further agree to remain in the service of Jackson State University for at least one semester after the expiration of the sabbatical leave herein applied for. In case I am responsible for terminating by connection with Jackson State University after the expiration of my Sabbatical Leave; provided, however, that, in case of my permanent disability or death, due to ill health or accident, neither I nor my heirs shall be obligate to refund part of the amount paid me as salary while on Sabbatical Leave.

Signature of Applicant

Present Rank or Title

Department

(Board Policies, 408.03, 2008)

Approved

Date _____ Department Chair _____ Date _____
College Dean

Date _____ Provost _____ Date _____
President