

SHIPPENSBURG UNIVERSITY  
Shippensburg, Pennsylvania

Request for Sabbatical Leave

Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_

Title of Proposed Project or Activity  
\_\_\_\_\_  
\_\_\_\_\_

Proposed starting date \_\_\_\_\_

Proposed ending date \_\_\_\_\_

Check appropriate box:

- one semester, not to exceed 18 university  
calendar weeks with full pay.
- two semesters, not to exceed 36 university  
calendar weeks with half pay.

Date of appointment at SU \_\_\_\_\_

\_\_\_\_\_ Number of years of service at a Pennsylvania  
state-owned institution.

Inclusive dates of prior sabbatical leaves  
\_\_\_\_\_  
\_\_\_\_\_

Institutions where prior sabbaticals were granted \_\_\_\_\_

Purpose for which prior sabbaticals were granted \_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC RESULTS/ACCOMPLISHMENTS OF LAST SABBATICAL LEAVE** (attach separate sheet if more  
space is required and include your summary report to your dean, if available):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other leaves of absence, inclusive date \_\_\_\_\_

Institution where leaves were granted \_\_\_\_\_

Released time granted, inclusive dates \_\_\_\_\_

Purpose for which released time was granted \_\_\_\_\_

I will agree, in writing, to return to my employment at Shippensburg University for a period of not less than one  
(1) year immediately following the expiration of such sabbatical leave. \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date