

# WEBER STATE UNIVERSITY APPLICATION FOR LEAVE

Applicant should review Policy and Procedures Manual Section 3-25 (Faculty Sabbatical), 3-27 (Administrative Leave), or 3-29 (Leave Without Pay) as appropriate before completing this form.

Name of Applicant: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Full-Time Appointment to WSU Faculty: \_\_\_\_\_

Dates of Most Recent Sabbatical Leave: \_\_\_\_\_

Dates of Requested Leave: \_\_\_\_\_

Type of Leave:

Sabbatical: \_\_\_\_\_

Without Pay: \_\_\_\_\_

No. of Semesters: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## Attachments:

1. Describe briefly your proposed activities while on leave and tell how they will contribute to your professional development.
2. Submit a resume of your professional activities and achievements relevant to the purpose of this leave.
3. If the purpose of the leave is to pursue an advanced degree, submit a copy of your notification of acceptance to a graduate program; indicate the degree sought and major discipline if not otherwise evident.

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## ENDORSEMENTS AND APPROVALS

Signature of Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment(s):

Dean and Department Chair should attach statements indicating the expected benefits of requested leave to the department and college.

Replacement Required (if any)

Expected Cost of Replacement (excluding benefits)

Provost, Academic Affairs:

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Board of Trustees:

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Date of Notification to Applicant \_\_\_\_\_