

CLARION UNIVERSITY
REQUEST FOR SABBATICAL LEAVE OF ABSENCE FORM

I. Name (please print or type) _____

Department _____

Title _____

Date of appointment to faculty of Clarion University _____

II. In accord with the provisions of Article XVIII, Leaves of Absence, of the Collective Bargaining Agreement, I hereby apply for a leave of absence from _____ to _____ (inclusive dates).

Check one:

- A. One Semester (18 weeks) with full pay: Fall _____ or Spring _____
- B. One year (36 weeks) with half pay _____
- C. One year (36 weeks) with full pay _____
- D. Summer leave: _____ Two Summers _____ Four Summers

III. Purpose for which leave of absence is requested (please check only one)
_____ Professional development and institutional advancement
_____ Recreative activities

IV. As of the beginning of the year of anticipated leave, I have _____ years as a member of the faculty of a SSHE University and _____ years of continuous service at Clarion University. I have had _____ sabbatical leave(s) during the following times
_____.

V. I agree to return to my employment with Clarion University for a period of not less than one year immediately following the expiration of my leave of absence.

VI. I agree to present a detailed report of my sabbatical leave in accordance with my stated objectives as required by the President.

Signature of applicant requesting leave

Date