

APPLICATION FOR SABBATICAL LEAVE OF ABSENCE

NAME: _____

SOC. SEC. NO. : _____ DATE: _____

PERMANENT ADDRESS: _____

In accordance with LANGSTON University policy governing Sabbatical Leaves of Absence, which I have read in the Faculty & Staff Handbook, I hereby apply for such leave from _____, 20____ to _____, 20____ at either 50% [] or 100% [] of the salary provided to me by the University.

I have been a member of the faculty or staff of LANGSTON UNIVERSITY for _____ years, holding positions as follows for the years indicated:

POSITION

DATE

I have not been granted a similar leave of absence within the past _____ years.

ATTACHMENTS: This application is accompanied by _____ pages of attachments, including

- 1) a detailed description of the nature of the activity to be conducted during the Sabbatical Leave, where the activity will take place, and how it will benefit the University. I understand any significant change in these plans must be reported immediately to my supervisor and receive approval from the appropriate administrators or the leave may be terminated.
- 2) one copy of the application forms and reports on the previous sabbatical leaves I have been granted by the University;
- 3) a summary of other leaves granted to me by the University for more than one month; and
- 4) a statement from my supervisor explaining arrangements made to take care of my regular duties during my absence.

Date: _____ Signature: _____

AGREEMENT

In consideration of receiving the aforesaid Sabbatical Leave, I hereby agree:

- 1) to report in writing to my supervisor at the end of each semester of my leave (or more often if requested) as to the manner in which the leave was employed, and if I fail to do so the University may terminate the leave and/or deny future leave application;
- 2) to withdraw from all departmental and/or University committees for the duration of my leave, unless otherwise requested by my supervisor; and,
- 3) to remain in the services of LANGSTON University at not less than my present salary for two (2) years after the expiration of my leave, unless prevented by death or total disability.

As further consideration for the aforesaid Sabbatical Leave and the compensation received by me from the University during said leave, I hereby promise to pay to LANGSTON University, on demand, all sums and compensation paid to me and on my half by LANGSTON University during my Sabbatical Leave in the event I fail to return to LANGSTON University after said leave ends. In the event I return to LANGSTON University as required after the Sabbatical Leave, but leave prior to the expiration of two (2) years from the date thereof, the amount so due and payable to LANGSTON University on demand shall be a pro rata amount of all compensation and sums paid to me on my behalf during my Sabbatical Leave, based upon the proportion the unserved service months bear to the total required service months. In the event suit is commenced to enforce payment of the obligations hereunder, I agree to pay the cost of such litigation including a reasonable attorney's fee.

DATE: _____

SIGNATURE: _____

Recommended Date

Recommended Date

Department Head Date

Administrative Officer Date

* * * * *

Approved for the Administration

Comptroller's Office Date

President Date

Board Approval: _____

Payroll Authorization: _____