

**BOARD OF GOVERNORS**

**SABBATICAL LEAVE REQUEST**

**Summary Sheet**

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NAME: \_\_\_\_\_ INSTITUTION: West Liberty University

DEGREES HELD/FIELD OF STUDY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT POSITION/ ACADEMIC RANK: \_\_\_\_\_ DEPARTMENT DIVISION/ ADMINISTRATIVE UNIT: \_\_\_\_\_

DATES OF FULL-TIME EMPLOYMENT AT INSTITUTION: \_\_\_\_\_ TOTAL YEARS: \_\_\_\_\_

CURRENT SALARY: \_\_\_\_\_ DATE TENURED: \_\_\_\_\_

DATE OF LAST SABBATICAL: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

HOW WILL TEACHING, ADVISING AND OTHER SUCH DUTIES BE MET DURING ABSENCE:

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COST TO INSTITUTION: \_\_\_\_\_

DATES OF SABBATICAL LEAVE:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ NO. OF SEMESTERS: \_\_\_\_\_

BRIEF SUMMARY OF PLAN OF ACTIVITY/PURPOSE OF SABBATICAL:

SUMMARY OF BENEFIT TO INSTITUTION: