

NAME:

RANK:

COLLEGE:

DEPARTMENT:

DATE OF APPOINTMENT: (X/XX)

STATUS:

DATE OF TENURE: (X/XX)
(IF APPLICABLE)

LEAVE TYPE

DATE OF LEAVE:

REQUESTED LEAVE:

HAVE YOU BEEN GRANTED LEAVE BEFORE?

YES

NO

DATE OF PREVIOUS LEAVE:

TYPE OF LEAVE:

DATE OF PREVIOUS LEAVE:

TYPE OF LEAVE:

I agree to the obligations and conditions contingent to sabbatical leave, as set forth in the Nevada System of Higher Education Board of Regents Handbook (Title 4, Chapter 3, Section 15).

Signature/Date

A letter from Department Chair/Supervisor or Dean expressing support or non-support of the application shall be included as part of the electronic application.

THE CHAIR RECOMMENDS THIS APPLICATION:

YES

NO

Signature/Date

THE DEAN RECOMMENDS THIS APPLICATION:

YES

NO

Signature/Date