

Sabbatical Leave Application  
Lock Haven University of Pennsylvania

Name of Applicant: \_\_\_\_\_  
(Please print or type.)

The 2007-2008 Sabbatical Leave Committee, in conformance with the policies approved by the LHUP faculty and administration on November 19, 1997, solicits applications for sabbatical leaves to be taken during the academic year 2009-2010 or the summers 2009-2010. If you wish to apply, please do the following.

1. Complete this form, indicating the semester(s) requested for sabbatical.
2. Complete, and have verified, the Years of Service form.
3. Write a detailed proposal supporting your sabbatical request, following the guidelines set forth in LHUP's Sabbatical Leave Policy (see addendum A of the policy).
4. Forward all of the above, as well as the tear-off receipt form, to the committee chair, **Cheryl Newburg (Robinson 320A), by February 1, 2008.**

In accordance with the provisions of Article 18, Section A, of the *Collective Bargaining Agreement* between APSCUF and the PASSHE, I hereby apply for the following sabbatical leave. (**Please note: Check only one of the lines below.**)

A. One semester sabbatical leave (with full pay)

\_\_\_\_\_ Fall 2009 (one sabbatical)

\_\_\_\_\_ Spring 2010 (one sabbatical)

B. One academic year: Fall 2009 and Spring 2010

\_\_\_\_\_ with half pay (one sabbatical)

\_\_\_\_\_ with full pay (two sabbaticals)

C. Summer sabbatical

\_\_\_\_\_ two Summers: 2009 and 2010 with full pay (one sabbatical)

D. One semester and two summers

\_\_\_\_\_ Fall 2009 and Summers 2009 and 2010 with full pay (two sabbaticals)

\_\_\_\_\_ Spring 2010 and Summers 2009 and 2010 with full pay (two sabbaticals)

Sabbatical Leave Application: Years of Service Form  
Lock Haven University of Pennsylvania

As part of your application for sabbatical leave during 2009-2010, please answer the following questions.

Your answers to these questions must be verified by the Office of the Vice President for Academic Affairs. Therefore, **please take this form to the Office of the Vice President** and have your years of service reviewed and verified. Upon verification, please obtain the vice president's signature and **include the signed form** with your other application materials. Thank you.

Name of applicant: \_\_\_\_\_

Academic department: \_\_\_\_\_

- A. \_\_\_\_\_ What is the date of your appointment at LHUP?
- B. \_\_\_\_\_ How many years of full-time service will you have completed at LHUP by the end of the 2008 Spring semester? (Do not include time spent on leave without pay.)
- C. \_\_\_\_\_ How many years of part-time service will you have completed at LHUP by the end of the 2008 Spring semester? (If you have taught part-time, please indicate whether it was half-time, quarter-time, etc. Do not include time spent on leave without pay.)
- D. \_\_\_\_\_ How many years of full-time service will you have completed as a member of the faculty at a SSHE university *other than LHUP* by the end of the 2008 Spring semester? (Do not include time spent on leave without pay.)
- E. \_\_\_\_\_ How many years of part-time service will you have completed as a member of the faculty at a SSHE university *other than LHUP* by the end of the 2008 Spring semester? (If you have taught part-time, please indicate whether it was half-time, quarter-time, etc. Do not include time spent on leave without pay.)
- F. \_\_\_\_\_ How many semesters of sabbatical leave have you been granted at LHUP?
- G. \_\_\_\_\_ How many semesters of sabbatical leave have you been granted at a SSHE university *other than LHUP*?

\_\_\_\_\_  
Vice President for Academic Affairs

\_\_\_\_\_  
Date