

WINONA STATE UNIVERSITY
APPLICATION FOR SABBATICAL LEAVE
IFO

Submit completed application to Dean and Department Chairperson. See current personnel decision deadline calendar for submission date

Name: _____ Date: _____

Department: _____

FTE Years of Service through
June 30, _____ of this academic
Year _____ .

Periods of requested leave:

Fall Semester _____

Spring Semester _____

Academic Year _____

List Prior Sabbatical Leave Periods:

Attach the Sabbatical Leave Proposal

RECOMMENDATIONS:	(Circle One)	Reasons (if not approved)
Dean	Approved/Disapproved _____	_____
Provost/Vice President	Approved/Disapproved _____	_____
President	Approved/Disapproved _____	_____

Original: President's Office
Copy: Applicant (after processed)

Ref: WSU Regulation 3-12

WINONA STATE UNIVERSITY
SABBATICAL LEAVE AGREEMENT
IFO

Having been granted a sabbatical leave for the _____, I
I hereby agree to the following conditions:

1. I agree to return to Winona State University and to the department or office which I left for at least one (1) year of full-time service after completion of the sabbatical leave.
2. In the event I fail to the plan upon which I was granted this sabbatical leave, or fail to return to the University for (1) year of full-time service, I shall refund to the University such funds awarded me during this sabbatical period.
3. I will complete a report of what was accomplished during my sabbatical leave.

(Signature)

(Printed Name)

(Date)

Please sign and date the original and return to the President's Office.

Original: President's Office
Copy: Applicant

Ref: WSU regulation 3-12