

# CLEMSON UNIVERSITY

## REQUEST for SABBATICAL LEAVE

HALF-PAY \_\_\_\_\_ or FULL PAY \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby request a Sabbatical Leave beginning \_\_\_\_\_ and ending \_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONDITIONS

**It is understood and agreed that this sabbatical leave is requested and granted in good faith and with the full intention of having me resume my duties in active service with the University at the expiration of the stated time period. It is further understood and agreed that following this sabbatical leave of absence, I shall return to active service with the University for at least one contract year.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

#### APPROVALS:

<b>Route for further approval through established administrative channels</b>	
_____	(Date)
DEAN	(Date)
_____	(Date)
HUMAN RESOURCES	(Date)

\_\_\_\_\_  
Immediate Supervisor (Date)

\_\_\_\_\_  
Provost and Vice President (Date)  
for Academic Affairs

\_\_\_\_\_  
President (Date)

**Retirement:** All half-pay sabbatical service can be purchased for retirement purposes upon return from sabbatical. Full-pay sabbaticals represent no break in benefits. For information or assistance, contact a Benefit's Counselor at 656-2000 prior to sabbatical.

Submit only original form. After approved through administrative channels, the Office of Human Resources will reproduce sufficient copies for distribution.