

CLEMSON UNIVERSITY

REQUEST for SABBATICAL LEAVE

HALF-PAY is two semesters _____ or FULL PAY is one semester _____

Academic Semesters for 9 Month Faculty: August 15 – December 31 or January 1 – May 16
Academic Semesters for 12 Month Faculty: July 1 – December 31 or January 1 – June 30

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: _____

Print Name: _____ Date: _____

APPROVALS:

Route for further approval through established administrative channels

College Human Resource Partner (Date)

Current Post Tenure Review Date

University Leave Administrator (Date)

Immediate Supervisor – Sign and Print Name (Date)

Dean – Sign and Print Name (Date)

Provost and Executive 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. Optional Retirement Program (ORP) participants are not permitted to contribute while on half-pay sabbaticals. For information or assistance, contact a Retirement Counselor at 864-656-2002 prior to sabbatical.

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

(Revised 09282017b)