

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:

| | |
|---|--------|
| Route for further approval through established administrative channels | |
| _____ | (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. Optional Retirement Program (ORP) participants are not permitted to contribute while on half-pay sabbaticals. For information or assistance, contact a Retirement Counselor at 656-4678 or 656-7087 prior to sabbatical.

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