

MISSISSIPPI STATE UNIVERSITY
Academic Affairs

Application for Sabbatical Leave
Academic Year 2022-2023

NOTE: See AOP 13.06 Sabbatical Leave Policy (I have read the policy)

1. Honorific: _____	2. NetID: _____	5. MSU ID: _____
3. Full Name: _____		6. Dept./School: _____
4. Faculty Rank: _____		7. College: _____

8. Dates for Sabbatical Leave. Please check all that apply:

One semester (4-1/2 months)

08/16/2022 to 12/31/2022 or 01/01/2023 to 5/15/2023

Two semesters (9 months — 08/16/2022 to 05/15/2023)

9. Start Date of
Employment: _____

10. Number of consecutive semesters
employed by MSU: _____

11. Have you had another (other) Sabbatical Leave(s) at MSU? _____

If so, please give the start date: _____ and end date: _____

12. Since the purpose of the Sabbatical Leave is for self-improvement, please detail your plans for the project(s) you plan to pursue during the period of your leave. Be specific, giving places, times, and expected accomplishments (2000 character limit)

13. With the expectation that what you have learned will be of value to colleagues or students, how do you plan to share what you have learned with your colleagues or students? Again, be specific. (Attach extra pages as needed.)

(a) Teaching (2000 character limit)

(b) Research (2000 character limit)

(c) Other (750 character limit)

14. If sabbatical leave is approved, you agree to the terms and conditions set forth in Section 408.03 of the Policies and Bylaws of the IHL Board of Trustees and Miss. Code Ann. § 37-101-183.

Yes No

Signed: _____ Date: _____

Budget Manager Name: _____

Budget Manager Email: _____

To be completed by Departmental Budget Manager

Salary: \$ _____ Check one: () 9 month or () 12 month

Salary for Period (one or two semesters): _____

Source of Funds – *List Banner Account Number:*

_____ Initials: _____

Recommended by:

Department Head

Date

Dean or Director

Date

Vice President (if applicable)

Date

Provost and Executive Vice President

Date

APPROVED:

President

Date