College of Southern Nevada

SABBATICAL LEAVE AGREEMENT

I _____ have read and understand the Sabbatical Leave Policy.

I agree to provide follow-up documentation to the Human Resources Office, to be forwarded by them to the CSN President and NSHE Board of Regents no later than three (3) months following the leave. Following my sabbatical, I also commit to immediately return to full-time service with the College of Southern Nevada for a period not less than that required by my most recent contract of employment. I understand that if I do not do so, the entire compensation for the sabbatical leave must be returned to the System, except in the case of permanent disability or death, or if the NSHE desires my continued service. I understand that this is stipulated in Nevada Statues NRS 284.345.

_____ _____

Signature of the Recipient Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

_____

Notary Public in and for

Clark County, Nevada