



College of Southern Nevada SABBATICAL REQUEST FORM



NAME: _____ DATE: _____

COLLEGE / DEPARTMENT: _____

Type of Contract: A B Date of Initial Appointment: _____

Date of Tenure: _____

Sabbatical Project Title: _____

Length of requested leave: _____

(1) Full-year of two-thirds salary (2) One-half year at full-salary
Semester: Fall Spring

Have you been granted sabbatical leave before? If so, please provide the dates:

Please obtain a *Letter of Support* from your CSN Department Chair or Supervisor, expressing support of your application, and include this letter with the electronic application, send it via e-mail to the sabbatical Senior Analyst, Chair of Sabbatical Committee, and the Chair of the Faculty Senate.

By completing this *Sabbatical Request Form*, you are requesting access to the CANVAS Shell. In addition, you will find Guidelines for a "*Successful Leave Application*," along with the "*Instructions for Submitting Sabbatical Leave Application*."

I agree to the obligations and conditions contingent to sabbatical leave as set forth in current Nevada System of Higher Education Board of Regents Handbook (Title 4, Chapter 3, Section 14). In accordance with NRS 284.345, if I am granted leave, I agree to immediately return to paid employment with the College of Southern Nevada for a period not less than that required by the most recent contract of employment. In addition, I acknowledge that Human Resources will verify eligibility, employment periods, date of tenure and other necessary data prior to the Faculty Senate committee's review and selection.

Signature of Applicant