UI,S-LOA (11/96)

## UNIVERSITY OF LOUISIANA SYSTEM REQUEST FOR LEAVE OF ABSENCE AND SABBATICAL AGREEMENT

NAME OF EMPLOYEE							
		DEPARTMENT:					
HIGHEST DEGREE:	BIRTHDAY:	Month	Day	Year	Age:		
NUMBER OF CONSECUTIVE	FISCAL YEARS ACTIVE S	SERVICE IN	LOUISIANA <u>:</u>				
NUMBER OF SEMESTERS C	F ACTIVE SERVICE AT TH	HIS INSTITU	ΓΙΟΝ <u>:</u>				
Mari D	A		L Mill (D				
a. With Pay							
LENGTH OF LEAVE REQUES							
EFFECTIVE DATES OF LEAV	/E: Beginning		Ending				

I have reviewed the RULES [Bylaws, and Policies and Procedures] of the UNIVERSITY OF LOUISIANA BOARD OF TRUSTEES, at Chapter III, Section V, pertaining to Leaves of Absen

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(Instructions:Please indicate with a check mark the pay staft your leave, answer any questions pertaining to your status, and sign your name along with the date.)

1.	OFFICIAL SABBATICA	AL LEAVE WITH FRACTIONAL PAY (75%	of present salary)	
pay (i. officia	e., you will be assessed	with fractional pay, a highercentage of retire as if you were earning 100 percent of you tutin will pay full employer's share (Univers I, Section V).	ir present salary) to alloweforement credit	during the
The le	ave pay shall be distribu	ted over the entire periodatofeave.		
return	to this institution for at le	ncehwitay, I understand that I assume a legeast one year of further service. Failure to retical leave pay received, unless otherwise of	return the semester immediately followable	
II.	OFFICIAL LEAVE WIT	THOUT PAY		
		e without pay, under the present law, you can ave been paid by the institution during that		nd/ployer's
In orde	er to purchase this time,	you must consult with your respective Retir	ement System.	
OTHE	R PROVISIONS			
persor thereo	n holding an elective offic of shalat the same time ho	airdual appointments or dual employment a e, appointive office, or employment in any of old another elective office, appointive office, es, or in the government of another state.	f the branches of state government ocof sa	<b>pholin</b> iision
I fully	understand the above sta	atements.		
	Date		Signature, Applicant for Le	eave
V DDD	OVED:			В
AFFR	Date	President	Institution	b