

**Minnesota State University Moorhead
Sabbatical Leave Request for MSUAASF Employees**

From: _____ Date: _____
(Employee)

To: _____ President, Minnesota State University Moorhead

Via: 1. _____
Immediate Supervisor (Name/Title)

2. _____
Area Vice President (Name/Title)

Subject: Request for Sabbatical Leave:
From: _____ To: _____
(M/D/Y) (M/D/Y)

1. Immediate Supervisor's Recommendation:

Comments:

Date Signature Title

2. Human Resources Office's Verification:

Number of eligible years worked at MSUM: _____

List previous sabbatical leaves from MSUM:

1. From: _____ To: _____

2. From: _____ To: _____

Date Signature Title

3. Vice President's Recommendation:

Comments:

Date Signature Title

4. President's Decision:

_____ Approve
_____ Disapprove

Comments:

Date Signature