

MISSISSIPPI STATE UNIVERSITY
Academic Affairs

Application for Sabbatical Leave
Academic Year 2024-2025

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

- | | |
|------------------------|------------------------|
| 1. Honorific: _____ | 5. MSU ID: _____ |
| 2. NetID: _____ | |
| 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)

☐ 08/16/2024 to 12/31/2024 or ☐ 01/01/2025 to 5/15/2025

☐ Two semesters (9 months — 08/16/2024 to 05/15/2025)

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

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

10. Employment Start Date: _____

11. Number of consecutive semesters worked since your last sabbatical or if you have not taken a sabbatical, your start date. Include all the semesters to be worked before the start of the proposed sabbatical: _____

Must be 6 or greater to qualify for a half sabbatical and 12 or greater to qualify for a full sabbatical.

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 (1750 character limit)

(b) Research (2000 character limit)

(c) Other (750 character limit)

14. Sabbatical Financial Support and Reimbursement form

Supplemental Salary *Not Administered by the University*: Are there other sources of supplemental salary during the sabbatical beyond one semester (e.g., fellowship or scholarship stipend)?

If "Yes" then complete the Sabbatical Funding portion below.

Yes

No

Amount of Sabbatical Funding not administered by the University: _____

Source of Sabbatical Funding not administered by the University:

Explanation of Sabbatical Funding not administered by the University:

Please indicate where you plan to reside while on your sabbatical leave. This may include your home location or multiple locations in the pursuit of collecting data, conducting research, or engaging in collaboration with research colleagues during the proposed period of sabbatical leave (you must enter at least one location, even if it is the home location)

[illegible]

Will the sabbatical result in reimbursement for travel expenses related to the sabbatical leave? If “Yes” then complete the Estimated Travel Expenses portion below.

Yes

No

Estimated Travel Expenses during the Sabbatical

Note: Travel to conferences regularly attended regardless of the sabbatical leave need not be listed unless the travel cost increases due to the sabbatical location. *Additional conference travel costs must be approved.* For University funds, list the fund type (e.g., State/Overhead, Grant/Contract, and/or Foundation). For external funds, list the reimbursing authority.

1. **Estimated Transportation Cost Amount:** _____

Transportation Source of Funds (select all that apply):

E&G State-appropriated/Overhead

Grant/Contract

Foundation

External (List name of funder: _____)

2. **Estimated Travel Lodging Amount:** _____

Travel Lodging Source of Funds (select all that apply):

E&G State-appropriated/Overhead

Grant/Contract

Foundation

External (List name of funder: _____)

Table: Planned Sabbatical Conferences and/or Regularly Attended Conferences with increased cost due to Sabbatical location.

Dates	Conference	Estimated Cost	Additional Cost for a Regularly Attended Conference (if applicable)

I certify that the financial support and/or reimbursements requested here are related to my sabbatical leave. I understand that if the type of reimbursement or funds changes, a revision to my approved sabbatical is required and must be approved by the Unit Head, Dean, and Provost.

15. 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 Sabbatical Period: _____

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