APPLICATION FOR SABBATICAL LEAVE OF ABSENCE

Name				
Employee	ID Number		Date	
Permaner	nt Mailing Address _			
Sabbatical such leave salary pro	Leaves of Absence, e fromvided to me by the Co	which I have read i to llege. The faculty or staff	oma A&M College re n the Faculty Handbook at either 50% _ of Northeastern Oklahoo is indicated.	k, I hereby apply for or 100% of the
PC	OSITION			DATE
ATTACH This applie 1)	a detailed description is accompanied a detailed description is abbatical leave, when we have a leave is abbatical leave, when the same is a leave is a le	by pages on of the nature of the activity of the made of the activity of the made of the activity of the activity of the activity of the activity of the leave where the activity of the leave where of the activity of	ts on previous sabbatica A College.	g: onducted during the how it will benefit icant change in these ceive approval from al leaves I have been
	for more than one me	onth; and supervisor explain	ne by Northeastern Okla ing arrangements to tak	
DATE		_ SIGNA	ATURE	

AGREEMENT

In consideration of receiving the aforesaid Sabbatical Leave, I hereby agree: 1) to report in writing to my supervisor at the end of each semester of my leave (or more often if requested) as to the manner in which the leave was employed, and if I fail to do so *Northeastern Oklahoma A&M College* may terminate the leave and/or deny future leave application; 2) to withdraw from all departmental, college, and university committees for the duration of my leave, unless otherwise requested by my supervisor; and 3) to remain in the service of *Northeastern Oklahoma A&M College* at not less than my present salary for one year after the expiration of my leave, unless prevented by death or total disability.

As further consideration for the aforesaid sabbatical leave and the compensation received by me from *Northeastern Oklahoma A&M College* during said leave, I hereby promise to pay to *Northeastern Oklahoma A&M College* on demand, all sums and compensation paid to me and on my behalf by *Northeastern Oklahoma A&M College* during my sabbatical leave in the event I fail to return to *Northeastern Oklahoma A&M College* after said leave ends. In the event I return to *Northeastern Oklahoma A&M College* as required after the sabbatical leave, but leave prior to the expiration of one year from the date thereof, the amount so due and payable to *Northeastern Oklahoma A&M College* on demand shall be a pro rata amount of all compensation and sums paid to me and on my behalf during my sabbatical leave based upon the proportion the unserved service months bear to the total required service months. In the event suit is commenced to enforce payment of the obligations hereunder, I agree to pay the cost of such litigation including a reasonable attorney's fee.

OATE SIGNATURE				
Recommended:				
Department Chair	Date	Vice President for Academic Affairs or Administrative Officer	Date	
APPI	ROVED FOR THE	ADMINISTRATION		
President	Date	Payroll Office	Date	
A&M Board Approva	l Date	Payroll Authorization Numbe	r	