

**UNIVERSITY OF KENTUCKY
COOPERATIVE EXTENSION SERVICE
COLLEGE OF AGRICULTURE
PROFESSIONAL IMPROVEMENT STUDY LEAVE FOR EXTENSION PERSONNEL**

NAME: _____ DATE: _____

TITLE: _____

WORKSTATION ADDRESS: _____

TYPE OF STUDY LEAVE REQUESTED: ___Sabbatic ___6 Months ___12 Months ___Formal Courses
___Special Workshop ___Other _____ (Summer/Winter School)

REQUESTED DATE OF LEAVE: _____ through _____

PLACE OF LEAVE (University, Institution, etc.): _____

PURPOSE OF STUDY LEAVE:

___ Master's Degree in _____

___ Doctorate in _____

___ General Refresher Courses in _____

___ Other _____

SOURCES OF FINANCIAL SUPPORT WHILE ON OFFICIAL LEAVE:

___ Sabbatical Pay ___ Fellowship/Scholarship ___ Full Salary ___ Other _____

DATE OF INITIAL EMPLOYMENT WITH THE UNIVERSITY OF KENTUCKY: _____

DATES OF PREVIOUS OFFICIAL STUDY LEAVES:

AREA DIRECTOR/DEPT. CHAIR'S APPROVAL: _____

(Signature)

ASSISTANT DIRECTOR'S APPROVAL: _____

(Signature)

ASSOCIATE DIRECTOR'S APPROVAL: _____

(Signature)

DEAN'S APPROVAL: _____

(Signature)

Instructions: This form is to be completed by applicant and submitted to the immediate supervisor for signed approval. The supervisor will only approve completed documents (typed) and submit them to the respective Assistant Director of Cooperative Extension Service for approval then to the Associate Director for final approval. The Associate Director's office will distribute the approved document accordingly.