

APPLICATION FOR LEAVE WITH PAY FOR PROFESSIONAL DEVELOPMENT

Name: _____ Date: _____

Department/Unit _____

Date of Initial Employment or Last Paid Leave _____
Month/Year

Applicant has completed 6 years continuous employment.

Academic faculty:

Leave for () one semester () 10-months

Fiscal employees: Leave for () 6 months () 12 months

Beginning: _____ Ending: _____
Month/Year Month/Year

On a separate attachment please respond to the following:

1. Describe the nature of the scholarly work you will undertake during the leave period. Comment specifically about your goals and a tentative schedule for your activities. (Attach additional sheets if necessary)

2. What locations will you visit to conduct your work? What are some of the key resources you will need to consult?

3. What plans do you have for the presentation of your work? Comment specifically on publication commitments, opportunities for conference presentations, exhibiting or performance opportunities, etc.

4. Explain how this work advances your professional development and contributes to the enhancement of your unit and the University.

Approved

Disapproved

Signature

Date

The Dean/Director certifies appropriate arrangements have been made and resources identified for the college/unit impacted by the granting of this leave to meet the teaching demands placed upon it. Further, the Dean/Director agrees to obtain appropriate reports on the progress of the faculty member during the leave period (a brief mid-term report must be filed) and conclusion of the Professional Leave.

From the College/Unit Perspective, please comment on the merits of the proposal.

Vice President for Academic Affairs

Approved Disapproved Return for Additional Information

Signature

Date

Comments:

President

Approved Disapproved

Comments:

Signature

Date

****Due to Academic Affairs Tuesday, November 25, 2003**