

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.

Certifications and Approvals

Applicant

Date

By signing above, I certify that I understand my obligation to complete the work I have described and to return to Valdosta State University for the period of time specified by Board Policy (Leave less than one year—one year required; one year Leave—two years at VSU required), and I agree to reimburse the institution for all compensation received and expenses paid by the University System of Georgia should I fail to fulfill the obligation to return for the appropriate length of time. In addition, I certify that appropriate arrangements have been made for my committee responsibilities to be met while I am on leave and that all graduate students have been reassigned or will have access to me during the leave period so their work will not be interrupted.

DEPARTMENT/UNIT HEAD

() Approved

() Disapproved

Department/Unit Head: _____

Date: _____

Please comment on the project described by the applicant.

By signing as Department/Unit Head, you certify the department/unit will be able to maintain an instructional program that will meet the needs of students in core and major courses. Further, you certify that you are satisfied that appropriate arrangements have been made for graduate students or students engaged in independent study or experiential learning courses requiring the supervision of this applicant.

Please indicate below how the applicant's courses will be covered during the leave period.

DEAN/DIRECTOR

() 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 before Thanksgiving**