



Faculty Leave of Absence Request
(Other than Sabbatical)

To be attached to the form: Termination/Leave of Absence & Return/Layoff & Return

Name:	Rank:	Date:
School/College:	Department:	Employment Date:
LEAVE DATES		
Start:	End:	

To be completed only by non-tenured faculty requesting a leave for one year or more:

The period of leave **is** to be counted as part of my probationary period and my next review should take place as scheduled.

The period of leave **is not** to be counted as part of my probationary period and my next review should be postponed.

Applicant Please Note: A one-term leave will result in a reduction in regular annual salary of 50 percent. If you have not elected the nine-month pay option and take a one-term leave without pay, the pay rate changes caused by your leave will not be coincident with the leave period.

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Signature of Faculty Member

Date

For Chairperson or Dean:

On a separate sheet, please provide the following information:

1. Courses to be taught or administrative or professional library service to be performed by this faculty member if not on leave. Please identify course rubrics and numbers and estimated enrollment, where appropriate.
2. Describe in detail the adjustments to be made in academic unit scheduling to accommodate this leave, if granted, and the probable effect of these proposed changes on student curricular choices or on library service available.

Routing: 1) Department 2) Dean's Office 3) Provost's Office

Three copies required: Original for Provost's Office; one copy each for Dean's Office and Department