Office of the Provost
UNIVERSITY OF HOUSTON

Faculty Request for Leave of Absence

Name:	Empl ID:
Department:	College:
Rank/Title:	Annual Salary:
Tenured: ☐ yes ☐ no	Date Appointed to Current Rank:

DESCRIPTION OF LEAVE

Type of Leave Requested:	☐ Faculty Development Leave (FDL)	☐ Unpaid Leave	☐ Extended Sick Leave
Pay Status:	☐ With Pay	☐ Half Pay	☐ Without Pay
Leave Dates: From: _____ To: _____			
Purpose of Leave (Brief Summary Statement. Attach proposal for FDL):			
Has external funding been awarded in conjunction with this leave?	☐ yes ☐ no		
If yes, provide details. (Attach award letter)			
For FDL: Will work be performed outside of the State of Texas?	☐ yes ☐ no		
If yes, please provide location and expected dates			

PREVIOUS LEAVES (excluding FML)

Type of Leave	Dates		Paid/Unpaid
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	

APPROVALS

Faculty Member	Date	Department Chair	Date
Dean	Date	Senior Vice President for Academic Affairs and Provost (or delegate)	Date

Approved by Board of Regents: (Faculty Development Leave Only): _____ Date

Submit requests with supporting documentation (Proposal, CV, Award Notification, etc) to facultyaffairs@uh.edu for Provost Approval. Approved Requests will be returned to the college.