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 | |  |