Faculty Request for Leave of Absence

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| 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:      |       |
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**APPROVALS**

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| Faculty Member | Date |  | Department Chair | Date |
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| Dean | Date |  | Senior Vice President for Academic Affairs and Provost (or delegate) | Date |
| Approved by Board of Regents: (Faculty Development Leave Only): |  |  |
|  | Date |  |