



Application for Faculty Leave of Absence

The Academic Personnel Policy of the University of Massachusetts allows faculty leaves of absence for advanced study, research, or service that will be of value to the faculty member and the university (T76-081, Section 4.14). Leaves are granted for a semester or year at a time; extensions beyond a second year require approval of the President. (Note: parental leaves or leaves for personal or health reasons should be requested using the Parental Leave or FMLA form, available from the Human Resources Department.)

Name: _____ Department: _____
Rank: _____ College: _____

Date of initial appointment to UMass Boston faculty: _____

Type and Semester Dates of Leave Requested:

Leave Without Pay Fall semester 20____ Spring semester 20____

Leave With Pay (full or partial) Fall semester 20____ Spring semester 20____

FTE% during Leave: _____

Description of funds and account # for salary during leave: _____

Signature of PI or Account Mgr: _____

In addition to this completed and signed application, please provide the following:

- 1) A detailed proposal for the leave that includes: a) a statement of the objectives of the leave; b) an estimate of the value of this leave to yourself and to the University; c) your location during the leave; and d) the anticipated outcome of your project (e.g., publication, grant award, etc).
- 2) Current curriculum vitae, including bibliography of scholarly work previously published, with full reference citations.
- 3) Additional information pertinent to your proposal (e.g., if you have received a fellowship or an invitation to conduct research, please include correspondence).
- 4) Statement concerning additional support (beyond salary, if any) which may be required, the efforts which you have made to obtain such support, whether your leave will be contingent on receipt of such support and, if so, the date by which you anticipate learning whether support will be forthcoming. Attach documentation of support for grant-funded leave of absence.

If the applicant is a tenure-track faculty member, please indicate whether:

- I request a one-year delay in my Tenure Decision Year, moving TDY from AY _____ to AY _____
- I do not request a delay in my Tenure Decision Year

Signed by me this _____ day of _____, 20____:

Signature of Applicant

Section 1: (To be filled out by the applicant)

Courses taught by the applicant (use asterisk beside course to indicate a team-taught course):

	<u>Course #</u>	<u>Teaching hours/week</u>	<u>Enrollment</u>
Fall Semester	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Spring Semester	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Section 2: (To be filled out by the Department Chair/Program Director)

Replacement needed: No Yes If yes, list courses needed and explanation for replacement:

Other department faculty members on a sabbatical or leave of absence next year (list name and semester taken):

Number of applications for leave submitted for this time period: _____

Chair's evaluation of this application:

Signature of Chair/Program Director

Date

Section 3: (To be filled out by the Dean's Office)

Dean's evaluation of this application:

Signature of Dean

Date

Section 4: (To be filled out by the Provost's Office if leave is approved)

Approval letter sent: _____ Post-leave faculty report received: _____