

Grant-Assisted Leave

- Description:** Funds will be allocated, on an ad hoc basis, to provide partial support for faculty who have obtained external grants or fellowships for scholarly or professional development. Such funds will allow the university to continue during the leave benefits for which the person is eligible, subject to necessary adjustments, (e.g., social security taxes, which are based on actual earnings).
- Eligibility:** These funds are intended for tenure-line faculty. Please see policy statement and documentation required for university support of travel outside the United States.
- Application:** Along with applying to an external funding agency for a grant or fellowship, a faculty member should submit to Associate Dean of Experiential Learning and Civic Scholarship Renee Houston, via the department chair, an application including the following:
1. A completed and signed **Leave Application form attached below**, as well as the appropriate [Foreign Travel Waiver](#) documentation (if applicable);
 2. A full description of the proposed project; and
 3. Identification of the agency, amount of the grant or fellowship, and the period of the grant.
 4. For research that involves the use of human participants or animals, please be aware that appropriate approval must be obtained before beginning research. Please consult [IRB](#) or [IACUC](#) approval processes information on the university's website for details.
- Upon receipt of the award, a copy of the award letter shall be forwarded to the Office of the Dean from which financial arrangements will be coordinated.
- Deadline:** Application to the associate dean must be made no later than October 12. While the outside funding agency may not have made a final award decision by October 12, the notice of application is needed by this date.
- Reporting:** Upon completion of the leave, due no later than August 31 of the year the leave is taken, the faculty member shall provide a written report that summarizes the leave activities and assesses their long-term place in his/her professional development. The report should be submitted to the department chair to provide the chair an opportunity to view the report before forwarding it. The chair will forward the report to the associate dean, who will then deliver it to the dean of the university. If the funding agency requires a summary report, a copy of that report will suffice.
- Special Conditions:** Faculty receiving such university assistance agree to return to the university for at least one academic year or to reimburse the university for all such assistance. Compensation received from another institution would be subject to the rules under sabbatical leaves.

LEAVE APPLICATION

**This form is to be used for all leaves including Sabbaticals, Lantz Fellowships,
Pre-tenure Sabbaticals, Grant Assisted Leaves, and Unpaid Leaves**

*Due October 12, 2016, for the 2017-2018 academic year. Please submit one copy
to Associate Dean of Experiential Learning and Civic Scholarship Renee Houston, Jones 212, CMB 1020*

Name: _____ Present Rank: _____

Date of first appointment at Puget Sound: _____ Phone/CMB: _____

Type of Leave Requested: Pre-tenure Sabbatical _____ Sabbatical _____ Grant Assisted Leave _____ Unpaid Leave _____

Previous leaves with dates: _____ or [] No previous leaves

Semester(s) of sabbatical or leave: Fall _____ Spring _____ **Semester if applying for Lantz Fellowship:** Fall _____ Spring _____

Salary request while on leave (check one):

- Without salary and benefits
- Without salary but continue benefits as applicable
- Full salary for one semester with benefits
- Half salary for full year with benefits as applicable

Salary request while on leave with Lantz Fellowship (check one)

- Full salary for full year with benefits and Lantz Fellowship
- Full salary for one semester with benefits and additional funds in lieu of leave extension (see Lantz application guidelines)

Please list the sources of earned income expected or other support being sought during the leave. Attach explanations of outside support anticipated for which applications have been made.

(1) _____ (2) _____

A. **Title of Leave Project:** _____

B. **Please provide a full description of your leave plans** following the application outline provided in the [University Resources for Faculty Professional Development](#) document.

C. **Foreign Travel:** Does your research involve travel outside of the United States? If yes, please list the names of all countries where you plan to travel:

- If yes, please also sign a [Waiver, Release, and Indemnification Agreement for Faculty Foreign Travel form](#) located on the [Faculty Professional Development Resources webpage](#) and include a copy with your application materials.
 - Are any of the above-named countries currently on either the [Department of State's travel warning list](#), or on the [Centers for Disease Control's travel health warning list](#)? If yes, please include a signed [Special Waiver and Acknowledgement for Faculty Foreign Travel form](#).
- D. **For research that involves the use of human participants or animals**, please be aware that appropriate approval must be obtained before beginning research. Please consult [IRB](#) and/or [IACUC](#) webpages on the university's website for approval processes information.

At the conclusion of the leave, I agree to file with the chair a written report outlining the accomplishments of the leave which will then be forwarded to the dean of the university. I agree to return to the university for one full year following the leave or to return all funds including salary and benefits paid by the university in connection with the leave. I also agree to obtain IRB or IACUC approval before beginning research involving human participants or animals.

Signature

Date

Department Chair Recommendations for Leave Application

To be completed by the Department Chair or Director and submitted to the Dean of the University

I recommend: Approval Disapproval

Replacements will be required for the following courses:

Year _____ Fall Courses: _____ Replace: Yes No

Year _____ Spring Courses: _____

Reasons for curriculum recommendations:

In an attached memo, please assess the value for teaching and professional development of the proposed activity to the faculty member, the department, and the university.

Department chair signature

Date