Unpaid Leave

Description: Leaves of absence may be granted to faculty for purposes of professional development. Normally the university undertakes no financial support for faculty in such cases, nor does it continue customary benefits. However, faculty may elect to continue most benefits at their own expense.

Eligibility: These leaves are available to full-time faculty. A leave will normally be approved if it will enhance professional development and will improve the departmental academic program or will result in the completion of a terminal academic degree. The maximum duration for an unpaid leave is one year.

Application: Application for an unpaid leave is made to the dean of the university, via the department chair using the form attached below. The application will specify:

(1) the term of the leave;
(2) the purpose of the leave in sufficient detail; and
(3) an explanation of the contribution such a leave will make to the faculty member's growth.

In transmitting the application, the chair will

(1) recommend approval or disapproval;
(2) assess the value of the leave activity to the individual, department, and university; and
(3) state what replacement is necessary.

Deadline: Applications for unpaid leaves should arrive in the Office of the Dean no later than October 12 of the year preceding that in which the leave is to be taken.

Reporting: Upon completion of the leave, the faculty member shall provide a written report that summarizes the leave activities by August 31 of the year during which the leave occurred. 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.
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 Sunil Kukreja, 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

Term(s) of leave: Fall ______ Spring _______ Term if applying for Lantz Fellowship: Fall ______ Spring _______

Salary status while on leave (check one): Salary status while on leave with Lantz Fellowship (check one)

[ ] Without salary and benefits [ ] Full salary for full year with benefits and Lantz Fellowship

[ ] Without salary but continue benefits as applicable [ ] Full salary for one semester with benefits and additional

[ ] Full salary for one semester with benefits funds in lieu of leave extension (see Lantz application

[ ] Half salary for full year with benefits as applicable guidelines for details)

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 Resources for Professional Development 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
LEAVE APPLICATION
Submitted to the Dean of the University

Replacement recommendation to be completed by the Department Chair or Director

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