

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, 2017 for the 2018-2019 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: <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> _____ | | |
| _____ | <input type="checkbox"/> _____ | | |
| Year _____ | Spring Courses: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> _____ | | |
| _____ | <input type="checkbox"/> _____ | | |

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