

Carnegie Mellon

APPLICATION FOR TENURE-TRACK FACULTY PROFESSIONAL LEAVE OF ABSENCE SUPPORTED BY UNIVERSITY FUNDS

INSTRUCTIONS

1. The Faculty Member must complete sections I through V and submit the completed form to Department Head for initial review and approval.
2. The Department Head will review the application with the Dean.
3. The Dean and Department Head will complete Section VI and submit the entire application to the Provost's Office for consideration.

Please note: For professional leaves, this application should be submitted to the Department Head by January 15 and forwarded on to the Provost's Office by February 1, for leaves to be taken during the following academic year.

SUMMARY OF ELIGIBILITY REQUIREMENTS

Approval of an application for a professional leave of absence supported by university funds is *subject to the discretion of the department head, the dean of the college, and the provost based upon a variety of factors, including the merits of the project to be undertaken by the faculty member and the resources of the department, college, and university.* Faculty members without indefinite tenure may also request that the period of leave be excluded from the term of the academic appointment, subject to approval by the dean and department head.

Generally, university supported professional leave may be taken for one semester at full salary or one academic year at half salary. A faculty member who receives leave supported by Carnegie Mellon funds must make a commitment to return to the university for at least one year following the leave and agree to reimburse the university if he/she does not return.

Faculty members are encouraged to review the Policy on Faculty Leaves as well as the exclusions from service section of the Appointment and Tenure Policy for details concerning the terms and conditions of the leave of absence. Faculty may also wish to review the Summary of Benefits Eligibility During Faculty Leaves available on the Provost's Office website.

- Policy on Faculty Leaves – <http://www.cmu.edu/policies/documents/FacLeaves.html>
- Appointment and Tenure Policy – <http://www.cmu.edu/policies/documents/Tenure.html#exclusions>
- Summary of Benefits Eligibility During Faculty Leaves – http://www.cmu.edu/hr/benefits/benefit_programs/forms/faculty-leaves-benefits.pdf

Questions concerning the benefits available to faculty on leave should be directed to the Leaves Manager, Jan Provenzano at extension 8-5072 or janp@andrew.cmu.edu.

SECTION I: FACULTY PROFILE

Name: _____

Department Name: _____

Faculty Rank (Assistant, Associate, or Full Professor): _____

With Tenure Without Tenure

Do you wish to request that the period of your leave be excluded from your current service for the purpose of determining your tenure clock, and/or that your reappointment/promotion deadline be delayed for a period equal to the duration of your leave? Such requests are subject to agreement of your Department Head and Dean, and any agreement in this regard must be in writing.

Yes No

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SECTION II: LENGTH OF LEAVE

Period of Requested Leave:

- Fall Semester of 20__ Spring Semester of 20__
 Full Academic Year 20__-20__ Other (specify)

Provide the desired start and end dates of the leave:

Start Date _____ End Date _____

Dates and types of previous leaves:

- University Supported Leave: _____
- Other Leaves: _____

SECTION III: FINANCIAL SUPPORT

Requested Support from the University:

Fall 20[] Semester

Salary: 100% 50% 0% Other (specify %) _____

Benefits: No Benefits Full-Time Benefits

Spring 20[] Semester

Salary: 100% 50% 0% Other (specify %) _____

Benefits: No Benefits Full-Time Benefits

Other Sources of Support:

Specify source(s) of support other than the University _____

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SECTION IV: PROJECT DESCRIPTION

Please attach a detailed description of the project(s) that you wish to undertake. Include the following:

1. Project Description.
2. Where it is to be done.
3. What you consider to be the value of the proposed work to Carnegie Mellon, to yourself, and to your professional field.
4. Provide a brief (one or two sentence) description of the leave, which may be used for internal purposes.

SECTION V: INTENT TO RETURN

I understand that if this leave of absence is granted, I am committed to returning to the faculty of Carnegie Mellon University for one year, and if I should decide not to return, I will reimburse Carnegie Mellon University for the full amount of any financial support provided during the leave.

Faculty Member Signature

Date

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SECTION VI:

College & Department Approval

The above referenced department and college are supportive of Professor _____'s request for a leave of absence as described in the attached application.

Will the applicant's tenure decision and/or reappointment/promotion deadlines be delayed? Yes No

If yes, please explain any agreed upon delays: _____

Department Head's Signature

Date

Dean's Signature

Date

College / Department Administrative Contact

Please provide the name and contact information for the college or department administrator who will work with the Benefits Office and Human Resources concerning the administrative details of the leave, such as identifying the appropriate Oracle Charge String for the benefits fringe rate (if applicable).

Name & Title

Email Address

Phone Number

Provost's Approval

Mark S. Kamlet
Provost and Executive Vice President

Date

Upon approval, please send a copy of this form to the ALG for the above referenced department or college and to:

**Attention: Leaves Manager
Human Resources – Benefits Office,
319 South Craig Street**