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 PROFESSIONAL LEAVE WITH OUTSIDE SUPPORT

Approval of an application for a professional leave of absence supported by outside 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, professional leave supported by outside funds is granted for a one year period (or less). Faculty members may request a one year extension (for a total of two years of leave).

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](http://www.cmu.edu/policies/documents/FacLeaves.html)
- Summary of Benefits Eligibility During Faculty Leaves – [http://www.cmu.edu/hr/benefits/benefit_programs/forms/faculty-leaves-benefits.pdf](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](mailto:janp@andrew.cmu.edu).

SECTION I: FACULTY PROFILE

Name: _______________________________

Department Name: ____________________

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

☐ With Tenure    ☐ Without Tenure
APPLICATION FOR FACULTY PROFESSIONAL LEAVE OF ABSENCE WITH OUTSIDE SUPPORT

NAME: __________________________________________

SECTION II: LENGTH AND TYPE OF LEAVE

Period of Requested Leave:

- ☐ Fall Semester of 20__
- ☐ Spring Semester of 20__
- ☐ Full Academic Year 20__-20__
- ☐ Other

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 Benefits from CMU:

- ☐ No Benefits – the host institution will provide benefits.
- ☐ Full-Time Benefits

Sources of Outside Support:

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
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: SIGNATURE

________________________________________   ______________
Faculty Member Signature                        Date
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

____________________________________  __________________________
Farnam Jahanian     Date
Provost

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