



APPLICATION FOR TENURE-TRACK FACULTY PROFESSIONAL LEAVE OF ABSENCE WITH OUTSIDE SUPPORT

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 via email to facultyleaves@andrew.cmu.edu.
4. Approval by the Provost is required for any leave greater than (1) year and extensions beyond the first year.

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). Periods of leave greater than one year and/or extensions beyond the first year must be approved by the Provost.

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. Other questions may be directed to James Mercolini, Deputy General Counsel, at jamercol@andrew.cmu.edu.

SECTION I: FACULTY PROFILE

Name: _____

Department Name: _____

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

☐ Teaching-Track

☐ Research-Track

☐ Librarian-Track

☐ Tenure-Track, Without Tenure

☐ Tenure-Track, With Tenure



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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 _____



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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: SIGNATURE

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

Upon approval by the College, please submit this form to facultyleaves@andrew.cmu.edu.

Provost's Approval (required for periods of leaves greater than one year and extensions beyond the first year)

Farnam Jahanian
Provost

Date

Provost's Office Use Only		
Date Received	Date Approved	Notes