

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
PROFESSIONAL DEVELOPMENT LEAVE APPLICATION

Eligibility:

Per UFF Collective Bargaining Agreement - Full-time employees with three or more years of service shall be eligible for this program, except those employees who are serving in tenure-earning or tenured positions. Applicants must submit the completed application by 5:00 p.m. on the announced deadline. An application for leave must be submitted during the academic year prior to the year in which the professional development leave assignment is desired.

Name **Classification**

College/School **Division** **Department**

Campus Address **Campus Phone**

Home Address **Home Phone** **Cell**

LEAVE REQUESTED:

Semester(s) desired and Year

_____ 1 Semester – Full Pay _____ Fall _____
 _____ 2 Semesters – Half Pay _____ Spring _____

Undergraduate Degree(s)

Degree Earned	Field/Discipline	Year Obtained	Institution

Graduate Degree(s)

Degree Earned	Field/Discipline	Year Obtained	Institution

Further Study

Degree Earned	Field/Discipline	Year Obtained	Institution

Details of Past Leaves

Leave Type	Specific Date	Funding Source(s)

Number of years of service with FAMU: _____

DESCRIPTION OF PROPOSED PROFESSIONAL DEVELOPMENT LEAVE:

Please attach to this page a detailed description of your plans for the professional development leave and a copy of your curriculum vitae or resume. Your description should include an explanation of the work that you plan to undertake during the leave; the educational goals and benefits to be derived from this leave to you, the university and your profession; the involvement of any other institution or organization in the proposed research; travel associated with leave; and efforts to secure outside funding.

(Note: This application should be accompanied by the detailed description of the professional development leave and your curriculum vitae or resume.)

Signature of Applicant:

Upon acceptance of the professional development leave grant, I agree to return to employment at FAMU for at least one academic year following the conclusion of this leave, unless written approval to the contrary is included in the President’s letter of award. I am aware that I may be required to reimburse FAMU for the salary received during such leave if neither of the above is satisfied.

Signed: _____ Date: _____

The following administrative officers **must** sign the application, after consultation with the applicant, indicating their recommendation and may add comments, if desired.

RECOMMENDATIONS

Department Chair Recommends _____ Does not Recommend _____

Comments (attach additional sheet if necessary):

Signature of Department Chair _____ Date _____

Dean Recommends _____ Does Not Recommend _____

Comments (attach additional sheet if necessary):

Signature of Dean or Director _____ Date _____