

**PROFESSIONAL DEVELOPMENT LEAVE
APPLICATION, 2027-2028 DUE DATE: November 16, 2026***

Please check one period of time:

ONE SEMESTER (full pay)	Fall 2027	Spring 2028
TWO SEMESTERS (half pay)	Fall 2027/Spring 2028	Spring 2028/Summer 2027

OTHER If other, provide period of time for which leave is requested _____

NAME OF EMPLOYEE _____ EMPLID: _____

UNIT/DEPARTMENT _____ MAIL CODE _____

COLLEGE _____

EMAIL ADDRESS _____

PRESENT POSITION TITLE AND JOB CODE _____

DATE OF ORIGINAL APPOINTMENT AS SPECIALIZED FACULTY MEMBER _____

IS CURRENT APPOINTMENT FUNDED FROM STATE BUDGET Yes No

AUXILIARY BUDGET? Yes No SPONSORED RESEARCH BUDGET? Yes No

If leave will be funded from a contract or grant, this application must have the approval and signature of the Vice President for Research to determine if leave is permitted.

Project Funding Number _____ Position Number _____

Approve Disapprove _____
Vice President for Research (Contract and Grant funded only)

HAVE YOU PREVIOUSLY HAD A PROFESSIONAL DEVELOPMENT LEAVE AT FSU? *Yes No

NUMBER OF YEARS SINCE LAST PROFESSIONAL DEVELOPMENT LEAVE _____

* Previous award recipients should outline how they utilized any past leave and how their current proposals align and/or diverge with past endeavors.
(Employees are not eligible for further professional development leave until they have completed at least **three full academic years** of full-time service following their previous leave; employees may apply, or re-apply, at the beginning of the third year of service for leave to be effective the fourth year.)

I agree to comply with the conditions of the Professional Development Leave Program as set forth in the memorandum to be sent to eligible faculty and A&P employees. These conditions include returning to University employment for at least one academic year following the professional development leave and providing a written report to the Vice President for Faculty Development and Advancement within 60 days after the start of the next academic year semester and to my supervisor as part of my annual evaluation review. The report will include information regarding my activities during the leave as they benefit the University and me and research or other scholarly work produced or expected to be produced as a result of the leave.

Signature of Employee

RECOMMENDATION (Please sign and circle if you approve or disapprove):

Department Chair/Supervisor _____ Print Name _____ APPROVE DISAPPROVE

Dean/Director/Vice President _____ Print Name _____ APPROVE DISAPPROVE

Your 2–3 page proposal should:

- a completed application form (Professional Development Leave Application, 2027-2028)
- a 2-3 page, double-spaced proposal that provides the following information:
- how the leave will benefit the applicant, their discipline, their unit, and the University;
- a clear and feasible description of the project and the activities in which the applicant will engage;
- how the time frame is appropriate for this project;
- expected outcomes of the leave activities;
- outlines any anticipated supplementary income;
- lists the dates of previously taken professional development leaves and how their current proposal aligns with and/or diverges from past professional development leave endeavors;
- a current vitae;
- a brief, one-page letter from the applicant's supervisor describing how this leave will benefit their unit

* Completed applications should be emailed to Dr. Peggy Wright-Cleveland mwrightc@fsu.edu with fda-faculty@fsu.edu CCed.