

**PROFESSIONAL DEVELOPMENT LEAVE APPLICATION, 2025-2026**  
**DUE DATE: November 15, 2024\***

Please check one period of time:

ONE SEMESTER (full pay)                      Fall 2025                      Spring 2026                      Summer 2026  
TWO SEMESTERS (half pay)                      Fall 2025/Spring 2026                      Spring 2026/Summer 2026

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, 2025-2026)
- 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 Mr. Joshua Morgan [jlmorgan@fsu.edu](mailto:jlmorgan@fsu.edu) with [fda-faculty@fsu.edu](mailto:fda-faculty@fsu.edu) CCed.