

PROFESSIONAL DEVELOPMENT LEAVE APPLICATION, 2022-2023

DUE DATE: November 9, 2021*

Please check one period of time:

ONE SEMESTER (full pay)

Fall 2022

Spring 2023

Summer 2023

TWO SEMESTERS (half pay)

Fall 2022/Spring 2023

Spring 2023/Summer 2023

OTHER

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

NAME OF EMPLOYEE _____

EMPL ID: _____

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 _____

(An employee is not eligible for another professional development leave until she or he has completed at least **three full academic years** of full-time service following the previous leave; employees may apply, or re-apply, at the beginning of the third year of service for a 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:

- detail how this leave will benefit the University, your department, and you;
- provide a clear description of the project and the activities in which the applicant will engage;
- explain how the time frame is appropriate for this project;
- detail expected outcomes;
- include a current vitae; and
- be submitted by your chair, director, or academic dean.

*Completed applications should be submitted by email to Ms. Ann DelRossi at adelrossi@fsu.edu or delivered to 115 Westcott.